Medical Century

An International Journal of Homeopathic Medicine, Surgery, and Collateral Sciences.

Volume II. Number 24. CHICAGO, DECEMBER 15, 1894. Per Annum, $3.00 Postal Union, $3.50

Practice of Medicine.

DYSENTERY AND ITS TREATMENT.

By HARVEY DALE, M. D., Oshkosh, Wis.

FIRST VICE-PRESIDENT WISCONSIN HOMEOPATHIC SOCIETY.

In this section of the country every fall brings forth its crop of dysentery and kindred bowel troubles, and the fall of 1894 is proving no exception. These diseases usually begin to appear late in August or early in September, when cool nights begin to follow warm days. They continue with varying severity through September and well into October, usually disappearing as settled cold weather makes its appearance. It would seem from this that atmospheric conditions play an important part in their production. Whether any particular microbe is also concerned in their causation is an open question. It may be that some one microscopic malefactor is at fault, but whether or not this is the case is a matter of trivial importance to the practitioner, for his patient's welfare and his own reputation unite in demanding that he take cognizance of the condition, not the theory, that confronts him.

In the treatment of the average case of dysentery a few well-known remedies forge into prominence, and as a rule they do their work promptly and well. That this is true is evident from the fact that while, according to Loomis, "the ordinary duration of acute dysentery is from eight to ten days," its termination under the careful use of these remedies will usually ensue in little, if any, over half of that time. An uncomplicated case running a week is a rarity. Frequently convalescence is established in forty-eight hours. These statements may sound unreasonable to those who sneer at Homeopathic treatment, but a careful bedside test will establish their absolute accuracy.

At the onset of dysentery *Aconitum* proves extremely useful in many cases. While its direct action upon the specific lesion of the disease may be doubtful its efficacy in quieting the accompanying fever, thirst and restlessness is unquestioned. The first twenty-four hours, however, are quite likely to terminate its usefulness. *Mercurius solubilis* has proven, in the writer's experience, the most reliable and satisfactory of all remedies in this particular disorder. It comes very near being a specific, in the ordinary run of cases. The third trituration may prove sufficient, but in many cases the second trituration is much more prompt in its action. Given in one to two grain doses, at intervals of from one to three hours, its effect is often surprising. In severe cases it frequently proves convenient and satisfactory to administer a powder, during the first few hours, every time the bowels move. The symptoms calling for its use are its well-known characteristics—griping, tenesmus, frequent stools, greenish, slimy and bloody in character, with constant feeling of chilliness. These are exactly what occur in a large majority of dysenteric cases.

Mercurius corrosivus is also of great value, but does not seem to be indicated so often as is the *solubilis*. It works well in intense cases accompanied by *tenesmus vesicæ*. *Mercurius protoiod*, while not often thought of in this connection (the remedy is not even mentioned in Bell on Diarrhea), is sometimes useful. I recall one case, in which this preparation, given on account of the yellow-coated tongue and aggravation at night, checked the dysentery, which was severe, with a promptness that was surprising. *Colocynthis* is very useful when called for by its characteristic pain. It seems to work best in those cases having white, mucous stools, with little or no blood. *Ipecac* is very satisfactory in many cases, especially those with considerable hemorrhage and the characteristic coincident, nausea. *Capsicum* and *Cantharis* are needed at times, but in the author's experience they have not often been found useful.

Local treatment, except in severe cases, seems seldom needed. A small, hot injection of thinly boiled starch will often give much relief. In cases marked by extreme pain and tenesmus, the starch enema, with a few drops of *Laudanum* added, proves very grateful. Enemata of hot water are also useful, and never harmful. Dry, hot cloths over the abdomen help to control pain, and, when this latter symptom is intolerable, a soft cloth, wet with a mixture of *Chloroform* and *Olive oil*, equal parts, and spread over the bowels, will prove extremely comforting.

As to diet, milk seems to meet all the indications best. Boiled and made into a gruel with flour, it proves very satisfactory. With patients who can take this—and they are in a large majority—no other nourishment seems necessary. Those who can not must resort to other gruels, or to broths (not too strong, and not greasy), the object being, of course, to obtain a food easily digested and absorbed without formation of fecal residue. Bovinine is often useful. I recall one patient, a lifelong dyspeptic, who could not take milk in any form, nor could she tolerate any broth which the ingenuity of nurse and physician could devise. She was given Bovinine, at first ten drops in a little water every hour. Her stomach entering no protest it was continued in somewhat larger doses and at longer intervals. She made a rapid recovery upon this nourishment alone.

Common sense comes into play in this disorder as in many others. If the patient is without it, the physician must furnish it. One of its dictates will

be that the patient avoid straining as much as possible. The "never-get done" feeling is much worse when one gives way to it, and a little judicious exercise of will power may control it quite appreciably. The use of a bed-pan, in place of the ordinary appliances, will aid in this direction materially. Another important point is a strict adherence to the prescribed diet, at the prescribed intervals. A little trifling here is dangerous. The ubiquitous, meddlesome old woman, with her record of what saved the life of the other old woman across the creek, should be unceremoniously sat upon. If she demurs, let her be promptly ejected. This is a therapeutic measure not set down in the books, but occasions are not rare in which it may prove not only comforting but promptly curative.

THE COLON DOUCHE IN ENTERITIS.

By L. M. ROBERTS, M. D., Little Falls, Minn.

The Medical Century has recently presented some valuable brochures on intestinal diseases—more especially those characterized by loose stools—but the ground has not been thoroughly covered, and I hope the perusal of the following may be of benefit to some.

We are safe in assuming on the start that the old adage "No chain is stronger than its weakest link" still obtains, and it does; for many a case is lost through some apparently trivial neglect.

Technique is often everything. The consensus of authorities give due credit to colon flushing with water, but are careless to assume that everyone can make proper use of it; and it's right here where many a promising case fails, and the treatment, and not the operator, is blamed for the failure. It has been years since I have lost a case, and I shall give the method of procedure.

First, win the confidence of your patient, big or little; then have him lie on the left side and introduce slowly the well-oiled syringe point. There is only one syringe made, the "Alpha." I dare say thousands of lives are lost yearly through using fountain syringes, which are perfectly worthless in the majority of cases—the least obstruction or spasm of bowel stopping the flow. The piston syringes are simply out of the question, and the old-fashioned Davidson, with its spurt, spurt, spurt, exciting spasm and alarm, is not to be compared with the steady, gentle, continuous current of the Alpha, easily forced by any obstruction not organic. The point is carried backward toward the spine, thus avoiding the shock of bruising the prostate, etc. Then with even, slow pressure on the bulb, with the patient on left side so that the water runs down into the colon, not as when on the right side having to force a stream of water the calibre of the rectum up into the sigmoid, thereby exciting expulsatory reflexes, keep it up until the patient squirms; then pause a few moments, and the intestine will accustom itself to the situation and you can then resume as before, continuing until satisfied the colon is full of water as per age of patient—anywhere from several teacupfuls for a babe one to three months old to quarts with the adult. Use cold water. In asthenic cases use it like your similia—with brains. Never fear it; I have used it hundreds of times. Repeat the operation twice or thrice and you will find it to then return clear.

Repeat the flushing after each and every stool. That's the key-note. Allow them to retain enema from two to five minutes, then encourage rapid emission, as this empties out curds, etc., much more certainly. If you find many curds and undigested material there's but one rational thing to do: give a dose of castor oil and make the alimentary canal patent at once, from one end to the other. Castor oil is the quickest, safest and surest laxative, simply running through canal and emptying it, and it saves from convulsions and peritonitis from plugging of the lumen of bowel, to say nothing of the intense reflexes from peripheral irritation; one curd in the intestine, other things being equal, ofttimes offsets the most careful similimum.

You now have a clean, patent, asceptic, empty bowel; what are you going to put in it? Here's where dietetics cut a figure. I consider, and have for years, that milk is one of the most difficult things for some children and adults to digest; yet we hear some recommend it and oat meal the most irritating cereal we have, leaving the most instead of the least dejecta in shape of husks, etc., behind, as a constant irritation—a nidus for a new enteritis. I say "study your stools," and if milk-curds show up in spite of that Godsend, Peptozone, which is, compared to all other digestive products, like a race-horse to a tortoise, and you still find them in spite of it and your similimum, drop it and give Panapepton, Bovinine, mutton broth or some other favorite not made from milk. I have seen cases where young children could digest nothing but pure albuminoid; also several cases subsisting on chicken flesh alone for a week and making rapid cure.

Study the stools; they often mean life or death to your little patient. I have used all the remedies suggested and some others that perhaps the ultra-extremists would say are not Homeopathic; yet, in my crude way, I fancied they were, although possibly in larger dose than many Hahnemannians use. I refer now especially to the old-fashioned spiced Rhubarb. *Rheum* certainly has in its provings many of the symptoms of diarrhea, etc., and I am fain to believe that the spices, notably the Cinnamon, act as antiseptics and germicides; just how it all is I don't know, but I do know many a case that I considered hopeless began to improve, at least coincidentally with the administration of it—my own child among others. This may be treasonable; but until the spiced Rhubarb is proven otherwise I am afraid I shall have to use it. I don't mean the ordinary *Syrup Rhei Aromat*, as ordinarily found in drug stores, but the careful selection of the purest compressed rhubarb, spices and best brandy obtainable, carefully and skillfully prepared. It is delightful to take and "children cry for it," and after a few doses the chalky, inodorous stool begins to darken even to blackness and smell delightfully fecal; then, and not till then, do I know all is well. *It is the liver cleaning house!* The Rhubarb is the broom, the brandy the muscle, the spices the soap and water; the pleasant taste is the smile on the wife's face when she is through. And you! Well, you've cured the case. How? God knows; but I don't believe it will be charged up against you, even if you did lay yourself open to the smallest indictment possible—polypharmacy. "There are stranger things than are dreamed of in thy philosophy, Horatio!"

BAPTISIA IN TYPHOID FEVER.

By A. J. ROBBINS, M. D., WASHINGTON, D. C.

The "Summer Complaint" number of the MEDICAL CENTURY was read with great interest and preserved as a valuable work for reference. I am sure the one devoted to typhoid fever will be equally as interesting and valuable. With your permission I will cite one case, which is out of the ordinary run, illustrating the value of *Baptisia*.

June 10, 1893, I was called to see Mrs. L., aged about 23, mother of two children, the younger but 8 weeks old, who had menstruated for the third time two weeks before I saw her. When seen her temperature was 105½°, pulse 92°, with great pain in the back part of head; symptoms pointing to cerebro-spinal meningitis, and having a history of insanity. Menstruation coming on again I prescribed *Actea racemosa* 30, five drops in one-half tumbler of water, a teaspoonful every fifteen minutes for two hours. I remained by her bedside and gave the medicine myself. The patient wanted morphine, although not addicted to its use.

In two hours the nervous spasms came on less frequently; in another half hour she was more quiet, and in less than three hours was sleeping sweetly. The severe symptoms of the head never returned, although later on she complained a great deal of the noise of shuttles in the back part of her head.

She lingered along for some time, having *Acid phosphorica*, *Baptisia*, *Podophyllum* and other indicated remedies. Still it seemed a hopeless case. Hemorrhages occurring from high up in the intestines made death seem inevitable. The nurse gave up all hope and expected death at any time.

During all this time no eruption had ever appeared, although the diagnosis was confirmed by Dr. Gilbert, of this city, who was called in consultation early in the case.

As a last resort I decided to push *Baptisia* 30, in order to bring out the eruption. I put five drops in one-half glass of water and directed the nurse to administer a teaspoonful every fifteen minutes for two hours, then once an hour until the eruption should appear, at which time she should stop, being careful all the while to keep the patient well covered.

In the morning I called about 7:30 o'clock, the nurse meeting me in the hall with a sad countenance and reporting no eruption. A cold chill passed over me as I realized the certainty of the loss of my patient. Going to her bedside I placed my hand under the clothing to see whether the inflammation in the intestines had extended when I felt something like sand through her night-dress and, hastily making an examination, I found her covered with miliary rash from her neck to her thighs; not a spot the size of a nickel could be found which was not covered. The fever was lower and much of the inflammation had subsided.

She made a rapid recovery, and in just one year was the mother of another boy.

In September of the same year Master L., nephew of the above, was taken with a well-marked case of typhoid fever. I pushed *Baptisia* for twenty-four hours when I sent him to the hospital, whence he was discharged in one week by the hospital physician.

I believe that *Baptisia* has power not only to modify the severity of typhoid but to cut short what is usually considered a long-course disease.

TYPHOID FEVER.

By CHAS. BOAZ, A. M., M. D., MATTOON, ILL.

In the last three years I have treated seventy-five cases of genuine typhoid fever, and did not lose one case, nor did any of my cases have hemorrhage, or any severe complications. Only two cases were delirious, and that not longer in one than twenty-four hours, and in the other forty-eight hours. Only six of them had to have a nurse watch them by sitting up at night, and these six only had to be watched, one of them six nights, one eight nights, one four nights and the remainder but two nights.

None of them suffered from loss of sleep; but usually slept from six to nine hours every night.

I can say that in our city we have every year almost an epidemic of typhoid fever, and my old-school "friends" lose more than fifty per cent of their cases.

I have no patent method of saving my cases, nor can it be said that my method of treatment is a "routine" one, and yet it is nearly so.

When I have become fully persuaded by a most painstaking examination that my case is typhoid fever, I call for two half glasses of water; into one glass I put a drachm of *Baptisia tinct.* 1x, and into the other glass fifteen drops of *Bryonia*, and fifteen drops of *Belladonna*, each in the 3x; and alternate the remedies, giving a teaspoonful every hour.

When I am told that the patient was a "little restless last night and didn't sleep very good," I at once prepare *Passiflora incarnata* for the patient. I prepare it at the office by taking *Passiflora* one pound and simple syrup one pound; this makes it more agreeable for the patient. I leave an ounce of this mixture and order a teaspoonful to be given every thirty minutes, beginning at 7 P. M.; usually two doses will put the patient into a sound sleep for the night. Should he awaken in the night, and remain awake a few minutes without feeling sleepy, give the *Passiflora* the same as in the early evening.

In my fever cases *Passiflora* has never failed me in bringing sweet sleep. In the progress of the disease sometimes, in addition to the above remedies, I need *Rhus* and *Arsenicum album*.

As to diet, I insist on my patients using all the milk they can, drinking all the water possible, and eating as many good ripe bananas as they want. If patient likes buttermilk better than sweet milk, then use that. With this line of treatment I rarely have a case whose temperature reaches beyond 104 degrees or whose pulse goes beyond 100. I am persuaded (1) that too many change remedies too often, and (2) do not make as careful an examination at the first visit as they should; but I am not wishing to criticise, only to tell what I do.

I allow no stimulants, for they are not needed.

The above treatment may not in the judgment of some be as Homeopathic as it "might be," but somehow it must meet the "law," for this I know, *it cures* and pure Homeopathy is "curing and not killing."

My average number of visits in the above seventy-five cases is fourteen, going over eighteen days in time.

[Dr. Boaz's contribution is not admitted without a

large dose of mental reservation. Alternation is unscientific enough, but the combined mixing and alternating of remedies cannot well be defended upon any grounds. What say others?—Ed. Century.]

JENNER AND VACCINATION.

By S. G. A. BROWN, M. D., Shippensburgh, Pa.

Although he was aware of the "protective efficiency"(?) of vaccination as early as 1770, it was not until May 14, 1796, that Jenner made his first experiment upon a boy named Phipps. This experiment was performed by inoculating the boy with equine-pox (not small-pox), which Jenner claimed has its origin in an affection of the heel of the horse, known as Grease. Grease or Graisse is a specific inflammation which affects the skin of the heels of horses. If this matter be inserted under the cuticle of an individual it may be the cause of producing an affection called *variolae equinae*, i. e., grease-pox, or, as Jenner states, cow-pox, *not small-pox*. Before this vaccination had become more or less universal, only seventy-four deaths out of every one thousand were due to small-pox, while after the eighteenth century ninety-five in one thousand deaths were due to the same affection. These facts caused a virulent opposition, one of the clergy in 1722 even preaching upon the subject, stating that "Job's sores were confluent small-pox, and that he had been inoculated by the devil." Dunglison affirms that the *inoculated* small-pox(?) communicates the disease as readily through the air as the *natural* small-pox, and that an epidemic of small-pox often follows vaccination. If this be true, is it not certain that vaccination keeps alive small-pox, and if the cause were eradicated the disease itself would rapidly disappear?

Vaccine defenders all state that the scab from vaccination is soluble in water, and is capable of communicating the affection; also, that this is the most common method of transmitting the vaccine virus in some countries. What about our *Variolinum?* Vaccination as practiced to-day is not the vaccination of one hundred years ago; while the ravages then resulting from the barbarous experiments were usually immediate and often fatal, to-day are causing untold suffering and lingering misery in the rising generation. One of the dire results of this pernicious practice is, according to Dr. Goulon, an eminent authority, *Vaccinosis*, a disease attacking the eyes of our young people of to-day. The results obtained by the Royal Commission on Vaccination in their first report, page 114, 1893, show that the mean annual deaths from small-pox, per million, living during 1847 to 1853, when vaccination was optional, was, in persons aged from 25 to 45 years, sixty-six, while during 1854 to 1871, when vaccination was obligatory, it was one hundred and thirty-one; yet, in view of all this, one prominent authority asserts that "vaccination is now practiced everywhere, except among those in whom ignorance and prejudice exclude the lights of reason and philanthropy."

Jenner never inoculated cattle with the lymph of human variola, and the equine matter used by himself, Sacco and others was derived from equine-pox, or equine lymph. I believe this answers Dr. W. B. Clarke's question in your issue of September 1st, in an article entitled "In Re Vaccination."

Materia Medica.

CYCLAMEN EUROPA.

By G. W. HARMEN, M. D., Newark, N. J.
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Exactitude, not only as to fact, but of expression, should characterize the Homeopathic physician, and particularly the one who essays to teach. In the "Materia Medica Melange" column of October 15th, Medical Century, *Cyclamen* is compared with and differentiated from *Puls Atilla*, correctly so far as it goes, with one exception, and that an important one. The menses of *Cyclamen* are profuse and not scanty as there stated.

My notes of Farrington's Lectures for three years run thus on *Cyclamen:* "White tongue, disgust for fats; saliva and food taste salty; inertia of stomach, food lies dead and heavy; sudden attacks of blindness, reflex, depending on weak digestion; face pale, semi-lateral headache; great weakness of functions, which is shown by vertigo. *Things seem to go in a circle when the eyes are shut* (*Therididion*). Nausea, which seems to come from the *throat*. Suffers from *flatus*, which causes colic; better from motion. Depression of spirits; eyes like *Pulsatilla*, nasal catarrh. In *Pulsatilla* the blindness is never complete. *Cyclamen* has *profuse* dark menses; come early (*Calcaria Cact*). *Pulsatilla* has scanty pale menses; come late. *Cyclamen* worse in open air; *Pulsatilla* better in open air. *Cyclamen* has eruption on neck; better from scratching. *Pulsatilla* has eruption all over; worse from warmth of bed and warm weather. *Cyclamen* has more thirst and more languor in A. M. than *Pulsatilla*. The thirst is more toward night in *Cyclamen*.

I see that Dr. Bartlett, in his phonographically reported notes, entitled "Clinical Materia Medica, by Farrington," referring to *Cyclamen* under *Cocculus*, says "scanty menses." But turn to a comparison under *Sepia*, and *Cyclamen* is given "profuse, dark menses."

Lilienthal gives "profuse menses for *Cyclamen*.

Dr. Dewey, in his "Essentials of Homeopathic Materia Medica;" says *Bromine* is best indicated in "light-complected" persons.

He repeats the word in the second edition. I can not find it in any dictionary I have. I claim that in matters pertaining to health and Homeopathy a teacher should be qualified.

Obstetrics.

OBSTETRIC MELANGE.

By SHELDON LEAVITT, M. D., Chicago.
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The prevalence of ailments among women, dating from childbirth and miscarriage, is proof positive that parturition is not only a critical ordeal but that there is something radically wrong many times in the management of it. Maternity has usually either a deleterous or a helpful effect upon the health of the woman who suffers its agonizing pangs and assumes its sacred responsibilities, and happy is she who is wisely and skillfully conducted along its *via dolorosa*.

I make the following suggestions in no spirit of arrogance, though from my long experience as a teacher

of obstetrics they may smack of pedagogy. I do not account myself as having already attained any degree of perfection in midwifery practice. I see numerous and conspicuous defects in my work; but this one thing I do, I honestly endeavor to make the last case which falls to my care the best in every essential particular.

Surgical Obstetricy.—I am convinced that the line along which all obstetricians will find the best results to both mother and child is the surgical. Recent progress has been almost exclusively in that direction. Say what we may about parturition being a physiological process, and therefore best treated by relegating it to the action of physiological forces, the fact remains that this very process when surgically supervised furnishes far better results than can be supplied through the expectant plan of treatment. I do not mean by this to say that we are pragmatically to interfere with what is being well done by the natural forces; but I do mean that we are attentively to watch the parturient process, to see that it pursues an even and orderly course, and is brought to a successful conclusion within reasonable time limits.

In truth, the time has come when, in order to practice midwifery with the best success and satisfaction, one must be a good surgeon. I do not doubt that many experienced accoucheurs will stoutly deny this but, in the face of such negation, the truth remains as stated. Those who question it allow only the question of mortality to enter into the account, wholly ignoring another element, almost equally important, namely, morbidity. It is not all of life to live; far better is it to die than to drag out a miserable existence.

The obstetric surgeon gives attention to the parturient forces when their energies are being dissipated; supplies force when inertia sets in, and repairs the lesions entailed by labor upon its subjects. The obstetric physician sits by, hopefully appealing to therapeutic powers for aid, which is not always supplied, and calmly awaiting reparative processes, which, under such a *regime*, can be satisfactorily wrought only through supernatural aid.

But there are other particulars in which we can improve our midwifery work, to a few of which I venture to call your attention:

Ante-partum Examinations.—I have seen much harm result from inattention to the renal functions during the latter part of gestation. From the seventh month onward frequent examinations of the urine should be made with reference to the presence of albumen and the quantity of urea. Let us not forget that many lives and much suffering may be saved by early recognition of morbid renal action.

It is also well for us to know our cases through the medium of a careful external and internal examination. I would put the most emphasis, too, on the former. Many obstetric practitioners do not know that by a little practice they may be enabled to determine with great exactitude, from inspection, palpation and auscultation, the position of the foetus, as well as its sex, and settle the question of plurality.

I hasten over these and other important considerations to direct attention to some improvements which may be made in the management of abortion.

Abortion.—The term abortion is quite properly made to include expulsion of the product of conception at any time prior to the seventh month of pregnancy, and in this sense it is here employed.

At the Washington meeting of the American Institute of Homeopathy, held in June, 1892, I read a paper in which I took the ground that uterine curetting is the safest, and, therefore, the best plan of treatment for the average case of abortion. Subsequent experience has given me no reason to change my mind; but, on the contrary, I am more convinced than ever of the wisdom of such a course. I have often been astonished at the quantity of detritus removed by the curette in cases wherein there was good reason to believe that the uterus had emptied itself as usual.

But when the curette is taken in hand for this purpose it is essential that the work be well done, both in point of surgical asepsis and surgical skill. I have seen many cases wherein the operation proved inefficient for lack of thoroughness. A good curette, anaesthesia, asepsis and a fair degree of skill are essential to satisfactory results. Poor surgery is but little better than no surgery, and certain dangers which follow in its train make it better left undone. But inasmuch as my claim is that the accoucheur ought to have surgical skill and experience it should be understood that the advanced obstetricy for which I herein contend is not intended for one who is ignorant of the principles and practice of modern surgery. I have no doubt that were the uterus properly curetted in every abortion beyond the sixth week, there would be fewer deaths from sepsis and far less chronic illness among women.

Use of the Obstetric Forceps.—I have no design to tax your patience with a lengthy discussion of the indications for the forceps and their proper application. Every practitioner is supposed to know how to use this instrument; but my observation leads me to believe that not more than one in fifty does know how to use it well.

The chief fault to which I desire to call attention is disregard of the position of the fœtal head. The common mode of application is what has been called the "pelvic," because, in it, the blades go squarely into the sides of the pelvis, sometimes embracing the head over the poles of its bi-parietal diameter, and sometimes over the poles of a longer diameter. Now the fact is that the pelvic mode of application is adapted to the head when it lies at or above the superior strait, and also when rotation has thrown the long diameter of the head into the antero-posterior diameter of the pelvis; while the "cephalic" mode is adapted to all other cases. This distinction is not fanciful, but thoroughly practical, and truly essential to greatest ease and safety. I do not need to tell you that in the cephalic mode the blades usually go upon the sides of the foetal head, and, so adjusted, do not necessarily, nor even usually, seek the transverse of the pelvis, but rather one of the oblique diameters.

These distinctions may seem unessential to some, but an understanding and faithful application of them constitutes one of the characteristics of the proficient obstetrist.

Protection of the Perineum.—Since the old-fashioned support of the perineum was ridiculed out of common practice too little attention has been paid to the matter of proper perineal protection. There are those who are loud and voluble in the declaration of their belief that the perineum is safest when let alone. This may be true in their practice, but it must be because they do not intelligently apply the true principles of protection.

In order to understand the best means for protecting this part we must recall the most important feat-

ures of the parturient canal, namely, its curve. If the pelvis were a cylinder with a perineum at its outlet there would be less call for any effort at protection, inasmuch as the propulsive force would meet an equal resistance; but the curve which it really has throws the force at the outlet primarily upon the perineum, and therefore augments the danger of laceration by imposing upon it more than its relative share of the strain. In view of this there is a demand for aid from the outside, to divert the head from its direct course and cause it to follow the curve of the canal.

I have not space in this paper to discuss the subject as I would like to do, but I wish to set forth clearly the three most important principles involved in all efficient modes of protection for the soft structures of the pelvic floor:

First. Enforcement of firm flexion of the head in vertex presentation, and just as firm extension of the head in face presentation.

Second. Resistance to the too rapid exit of the head, and

Third. Crowding of the head well up into the pubic arch.

Dorsal Decubitus, with Elevation of the Hips for Version, etc.—I have recently called attention to a modification of the Trendelendberg position for the performance of intra-uterine manipulation. The difficulties associated with operative procedures of this nature are greatly diminished thereby, and I would recommend it to your tentative adoption.

OBSTETRIC ASEPSIS.

DIGEST OF A PAPER BY A. W. THOME, M. D., Chicago.

HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

I desire to advocate the value of hot water as an aseptic agent, and to insist on thorough cleanliness in every particular in the lying-in room as embodying the essentials of success. I believe that, in this way, we can render these patients safe and aseptic without resorting to the use of chemicals, at least as far as intra-vaginal and intra-uterine douches are concerned. I think that by the use of hot, unmedicated water and absolute cleanliness, as good a record can be made as by the use of strong chemicals. Healthy living tissues have in themselves a power of resistance to germs, which is weakened by the indiscriminate use of chemicals. Labor is a physiological process. Nature prepares the parturient canal by anointing it with a protective mucus, so antiseptic douches are unnecessary and even sometimes dangerous, which idea is supported by the opinions of Drs. Welch and Vance, Garrigues, Prof. Petie, of France, and noted German investigators. Many deaths are caused by the use of chemicals in solution for douches. The place for antiseptics, if any, is about the external genitals, on the hands of the obstetrist and attendants, and on the instruments. When the cavity of the womb is necessarily invaded irrigate with hot water alone, or with good whisky, calendula, or hamamelis.

Give the expectant mother the lightest, airiest and best room in the house, remote from bath-room or stationary wash-bowls. Clean the room thoroughly; the bed scrupulously clean, permanent and temporary. Give patient copious enema of warm water, followed by a sponge bath, giving especial attention to external genitals. Discharges, soiled clothes, etc., are to be removed immediately from the room. Hold the contracting womb for at least ten minutes after the third stage of labor. Cleanse external parts carefully, and remove temporary bed and apply over the genitals a pad of sterilized cotton. I do not believe in the use of primary douches in normal cases.

DISCUSSION.

Dr. C. A. Weirick: "Several questions were suggested by the first paper. What is meant by cleanliness? Does the essayist mean surgical cleanliness, or such cleanliness as may be obtained by simply washing with hot water? He insists that labor is a physiological process, which is true theoretically, but practically. At this age of the world, I think the greater percentage of the cases are *not* physiological. I should like to inquire if hot water, which was earnestly advised, is a germicide, and, if used alone, will prevent sepsis if the patient has been exposed to septic germs? The statement that hot water alone is used after curetting, without antiseptic precautions, I think is not true of all operators. Statement was made that special precautions were used in the 1,000 cases reported; it would be interesting to know the nature of those precautions. *Calendula* and whisky were mentioned for irrigating the uterus. Is *Calendula* an antiseptic? And why was the whisky used? If they are antiseptics or germicides we can readily understand why they should be used, but why preferred to some of the other and better-tried measures I do not understand. Another question: What is the best antiseptic? I simply ask these questions in order to break the ice and to get the discussion started."

Dr. L. D. Rogers: "I was very much pleased with Dr. Thome's paper, both because it was practical and because it will stand the crucial test of scientific investigation.

"Is hot water an antiseptic in these cases? Puerperal fever is due to two germs: the staphylococcus pyogenes aureus and the streptococcus pyogenes. The latter is more often found in puerperal fever, is closely related to, if not identical with, the germ of erysipelas, and, I believe, invariably been found in all cases of puerperal metritis where a post mortem has been held. Its thermal death-point is from 104° to 125.6°, so that ordinary hot water is a perfect germicide for this germ. Even if the temperature of the water used should be a little below the thermal death-point the germ would be rendered inert. The staphylococcus, which is less often found, has a thermal death-point from 132.8° to 143.6°.

"Then, too, hot water has another advantage from a scientific standpoint; it contracts the blood vessels and washes out the detritus which forms such fertile soil for the development of these germs.

"As the whisky, it is a germicide, powerful in direct proportion to the percentage of alcohol contained in it. As to Calendula, I cannot say; I have been for some time looking for light on this point.

"As to *Carbolic acid*, it takes an exposure for ten minutes in a 5 per cent solution to kill the staphylococcus; for the same thing a solution of 1-1000 of corrosive sublimate. Now when we know that a solution of 1 to 10,000 of corrosive sublimate will cause tissue nocrosis, we need not go any further to find the cause of so many deaths reported after the use of this agent.

"I agree with Drs. Leavitt and Thome that obstetrical cases should be treated as surgical cases. When we learn what true surgical cleanliness is, we shall have less trouble with our obstetric cases."

Dr. H. P. Skiles: "In regard to the matter of hot-water douches, I would say that I have made a few experiments to see how much heat the patient can stand; in these experiments I have used the thermal electrode, which protects the perineum from the heat while the hot water is passing through the electrode and back. Beginning with 115°, which will be very nicely borne with the electrode placed against the cervix, the heat is gradually increased to the point of endurance, which is about 135°; beyond that limit the patient cannot stand it. It works very nicely with pain at the menstrual period, and their pain is sometimes so great that they will not notice the heat of the electrode until it passes 135°, the usual limit. I desire to call attention to another point—one which was not brought out, i. e., how to take the woman through the puerperal state with the least damage to her. In carefully studying the cases which come to us now we may often trace the trouble back to a confinement from two to ten years ago. The accoucheur too often thinks of a woman in confinement as a woman with only a uterus and a perineum, forgetting that there are other parts liable to injury. We all know that when the head remains in the inferior strait for any length of time the veins under the perineum are completely compressed, causing coagulation in the veins, and where the head presses for several hours on the parts this condition may be so great that nature cannot overcome it and the physician may not be aware of it until paralysis or insanity calls his attention to it. Then, too, the bladder demands attention, and many of us know how much injury has been done to it on account of neglect at the time of confinement."

Dr. T. E. Hemsteger: "I believe that hot water should be used with great care. It is all right to use it right after confinement for purposes of cleanliness, but it should be carefully used. In most cases you have not the assistance of a trained nurse, and the water apt to be used by persons unused to nursing is liable to do more harm than good, for such persons cannot appreciate the danger of using improper water. I don't believe in its use unless there is odor to overcome, when something should be added to the hot water to kill the odor. As to intra-uterine douches of hot water, I have never used them excepting after curetting. When the condition requires hot water in the uterine cavity the curette should be used first, the water afterward, to clear the cavity. In my experience I have had better results when I used no hot water after the primary douche, unless there was an odor to overcome, and especially where the nurse was untrained."

Dr. Smith: "As to hot water, I agree with the first gentleman up to give his experience. I tell you we are getting better every day—getting back to good, sound, common-sense, when we are told to use good, clean, pure hot water for vaginal douches. Probably every one here knows something of listerism. Why, there was a time when there was scarcely a surgical amphitheatre in this country which did not have a steam apparatus throwing a continuous spray over every surface and tissue exposed. And most of you remember when Dr. Keith electrified the world by saying that it was not his experience that it did any good whatever. Lawson Tait said that perfect cleanliness, and nothing else, was needed. I have had two cases of puerperal fever out of one thousand confinements. One of them cost me many nights' sleep and much worry before she finally pulled through, and it was the only case I ever tried to get into a perfectly antiseptic condition. I had seen a little book on the subject, probably Garrigues', advising a douche just before the patient was sick; I did so, and everything was as nice as could be, but the patient developed one of the most desperate cases I ever saw. Dr. Leavitt saw the case and prognosed death. I believe that pure, hot water beats anything in the world."

Dr. T. C. Duncan: "I have been very much interested in both papers, especially the one taking us back to cleanliness, which 'is next to godliness,' as well as good surgery. I have heard nothing nor do I know of anything in any of the text-books in relation to the condition and circulation of the lower part of the cord, in confinement cases. Those cases giving me the most trouble have been the ones showing spinal hyperæmia, convulsions, tedious labor, and a whole train of symptoms which follow them. A weakness of the back—can't walk far—produced by a constriction about the cord. In other cases I find the opposite condition, anaemia, irritation and hyper-sensitiveness of the parts. I give my attention to the cord for months before confinement and try to get it into good condition. In a confinement, with a hyperæmic cord, I expect a tedious time, and if it is anæmic, with hyper-æsthesia, I also expect great trouble. The knowledge of these facts has been of great service to me."

Dr. S. P. Hedges: "I, also, have been greatly interested in the reading of the papers. I suppose we are here to listen to some practical experience, and to tell what we have learned in our attentions at the bedside in these cases. I am much pleased to note the return of the profession to simpler methods and measures, especially hot water. I take pains to use great care and cleanliness in the preparation of patients; not *surgical* cleanliness, but with hot water and bathing, as best we can do, with or without nurses—everything clean and neat, as it should be. I am in favor of hot water when it should be used after labor, but my practice has been something like this: When the labor has been natural, and the pains go along in the normal, progressive, physiological way, and the head passes in the natural way, without any particular amount of laceration, the after-birth delivered, the uterus firmly contracted—and you can assure yourself that it is contracted—the clots thrown off, the parts bathed, and the woman made warm and comfortable, I don't use any douche at all. If it is a perfectly physiological process I don't believe in the use of hot water in the uterus or vagina. I take a look at all napkins, no matter how experienced the nurse, and, if lochia is perfectly natural, and there is no particular disturbance of temperature, etc., I go through many cases without any douche at all. I am free to say, though, that I frequently order a douche after the third day, for comfort and cleanliness. If I have delivered with forceps, or there was any interference with the parts in order to get the placenta, or to induce contraction, I use hot water, but no chemicals unless called for. If there is a lacerated perineum I use surgical cleanliness, and in this connection I have used listerine, although I have given up Merc. Bichloride. I have also used carbolic acid and permanganate of potash in solution, but the hot water I like the best of all. Now, as to the perineum and the use of instruments, I would say that, during my early experience, more than twenty years ago, I had an idea that the perineum began to tear at the thin edge; but the worst cases I have had did not begin to tear at the extreme edge, but far-

ther back. So, when the head comes down on the perineum keep it well forward. I have found that I can protect the perineum by the assistance of one or two fingers in the rectum. The use of instruments is absolutely necessary when there is delay. I can look back twenty years, when I was educated to look upon forceps as a deadly instrument, and only to be used when in consultation with two or three other physicians, when each would try to shirk the duty, and to throw it upon one of the others. I tell you, it is a mistake; forceps are a great blessing to womankind. When the head comes down and stops, then is the time to interfere; don't let it stay there hour after hour. Look at your watch, and know how long the head has stayed at any given point. You should know this. When the head stops and the woman is making fruitless efforts it is not a physiological process, and it is your duty to put on the forceps and end the suffering.

"One point has not been touched upon. The Homeopathic physician has a great duty to perform. The patient has many pains; our remedies will correct and modfy them and will be of great assistance in the matter. My experience has led me to carefully differentiate and choose the remedy according to the pains, their character, how they come and go, and how the patient bears them. With the remedy chosen under the Homeopathic law you will rarely need more than one dose, and if it does not do the work, make a better selection."

Dr. Rice: "I am from the country, and there are a few babies born outside of Chicago. I am glad to notice that you are taking an interest in cleanliness, but when you get your big canal running through the country you will know more about cleanliness. I came by invitation and hope to come again. I have a friend—a physician—at home, whom I tried to bring with me, but we'll both come next time, and we will be sure to make ourselves aseptic before we come. I am interested in surgical work, and the matter of cleanliness in connection with surgical obstetrics interests me greatly. Protect the perineum, by all means. I believe it is torn from above, unless it is a slight tear which needs no attention. I believe we get many tears from the elbows, as well as from the head. After the head has passed there is a closing in upon the parts, and if the head is born rapidly there may be a laceration from the coming in of the elbows. In my first practice I was too careful and timid about making examinations; to-day I never take a confinement case without making a careful examination, and always look the case over to see what I have to deal with. Lacerations I repair immediately. Talking of douches, I agree with the last speaker, and never use them unless I have something to use them for. If there is an offensive odor, I give the hot-water injections, as hot as can be borne—and the indicated Homeopathic remedy. I have heard of people going to a feast, and then getting up and leaving as soon as the feast was over, so I will ask you to excuse me if I take my leave shortly, as the train will not wait.

Dr. W. J. Hawkes: "I shall feel as if I had not done my duty unless I say something in commendation of Dr. Thome's paper; it was up to modern times, chiefly on account of its asepsis—not antisepsis. Cleanliness is the whole thing in a nut-shell—cleanliness. There is a point not touched upon as regards the period and end of gestation, which is important. It seems to me that the Almighty never intended that His highest work of creation, while performing her noblest function—that of bringing a new soul into the world—should suffer so much. I believe that gestation and parturition, in the natural state of affairs, are physiological functions, and, were our women in a normal condition, we should have much less of the pains of labor, no use for forceps and the distress of the period of gestation would be greatly ameliorated, if not altogether removed. If we begin with the pregnant woman at the time when she becomes pregnant, and see them once a month, and meet such abnormal symptoms as this state of life is apt to develop, we can get the physiological condition so nearly up to par that the pains will be reduced to a minimum. What we want is good therapeutics and good hygiene during gestation; correct living, proper exercise, and, last, but not least, the Homeopathic remedy for the predisposing causes of the troubles which this period develops. At the bedside of the woman in labor I do not believe in too much interference. In twenty-seven years of experience I have seen many cases of obstetrics, never lost a woman in labor, and very few infants. Never used a douche unless there was a positive call for it. Keep the woman clean; if the labor is natural and all right, let her alone, and don't wait too long after labor before allowing her to sit up. Let her sit on the vessel on the second day and she may be able to relieve herself of clots.

"As to forceps, they are a priceless boon to parturient women when in competent hands—an unmitigated nuisance in bad hands. They are used when they should not be, and are not used when they should be. Their proper use requires knowledge, skill and courage. When it is necessary to use them, and I believe it is necessary when the labor seems to cease and the pains fail to accomplish what they should, we should use them as the best means at hand to help nature. When the head gets down in the vulva, and when another pain might be expected to deliver it, I take off the forceps and support the perineum. The plan of introducing the fingers into the rectum is a good one, and enables you to keep the head from coming down too fast. I was very much pleased to hear Dr. Hedges' remarks about the remedies; these pains, the majority of them, are the result of disease away back, and our Homeopathic remedies will ameliorate them to a great degree."

Dr. A. W. Hinman: "I shall take the other side. Dr. Hedges said there was a time when surgical cleanliness—antiseptic cleanlness—was in order, and I think that is a fact. It is all right when you have an aseptic patient, for many of them are aseptic; you do not need a primary douche in these cases—they will get along anyway. I do not use the douche unless there is sepsis. While I believe in the antiseptic method and apply and teach it, I do not believe that all the germs come from without. When we know from a bacteriological standpoint that gland-cells, tissue-cells and blood-cells depend for their integrity upon micro-organic action which is a part of themselves, how can we say that everything which is of germ origin comes from without? We may see the germs under the microscope, but that they all come from without I do not believe. The antiseptic method, whether the germs come from without or from within, is legitimate and brings the desired result. Where the condition is aseptic, we may have the benign fever spoken of, and which means nothing, but if the temperature rises and rises and keeps going up there is an indication of sepsis and a demand for antiseptic treatment. I adopted

antisepsis and have used it for nine years and have not had but one case which did not get along without any rise of temperature, excepting a slight benign fever. With that experience I contend that antiseptic obstetrics, with me, has produced good results, and I think it is in accord with the experience of a large proportion of the obstetricians of the land to-day.

"As to the perineum, it is a part which, with me, has shown quite a liability to laceration. I had more or less trouble with it, until I adopted a plan—not original with me. I had read somewhere of the wonderful effect of hog's lard. Now, I don't like to be driven to the use of the needle in every case, for there is nearly always some tear and the advice is to repair the laceration, however slight so I began to use hog's lard, and have not had a single laceration since. Vaseline or cosmoline do not give such good results, but hog's lard will relax the muscular structture so it will yield and will allow the head to pass without damaging the parts. I, of course, sterilize the lard and the cans, then wrap them in carbolic-acid gauze with borated cotton over all. There has been much talk of hot water; is it *hot* or *warm?* If very hot, you temper it with cold water, and is it all sterilized? I believe you may sublimate it with good results, if it is not used too strong. I use 1-1000th for the hands, although it does make them a little rough, and 1-6000th for a douche."

Dr. R. N. Foster: "Novelties which may be called advances in obstetrics are not of every-day occurrence. I think there may be such an advance in Dr. Leavitt's paper, in regard to curretting. I, however, would endorse it only up to a certain point. I would not say that it should be used in every case up to the seventh month, unless there is good evidence that there is something retained in the uterus. That is my present opinion. But where there is reason to believe that there *is* something left, and the symptoms seem to point that way, it should be investigated. I get the idea from Dr. Leavitt's paper that, in many cases, he would curette at once, but I think he had in mind an abortion, occurring about the eighth week of pregnancy; then there is no placenta which will come away clean. There is, instead, a placenta which lines the whole interior of the uterus, not well enough formed and too closely adherent to come away en masse, and too well formed to come away in solution; so you have a bad condition. In cases where it is thrown off, it is by great effort of the uterus, and after considerable delay. At the first month the decidua and membranes of the ovum are so delicate and tender that they will break down and come away with the flow, and rarely cause symptoms of sepsis; but, in the second, they will not do this, and there is a probability of Dr. Leavitt's suggestion being realized.

"Sometimes an idea, after having been abandoned for years, will be resumed with scarcely any modification; this is the case with Dr. Leavitt's idea of the use of the forceps with reference to the fœtal head, and not with reference to the pelvic curve; and I agree with him, if he will carry both straight and curved forceps. Curved forceps, used in the pelvis without reference to the curve of the pelvis, are liable to cause damage. They are intended to grasp the head when the long diameter lies in the long diameter of the outlet—that is what they are made for, and if you put them anywhere else they are liable to injure the mother. A skillful man like Dr. Leavitt might avoid it, but I could not. If he will allow me a straight pair of forceps, I will try to put them on in any manner he suggests, and I might apply them when the head is in the cavity, on the sides of the head, notwithstanding the fact that the head might lie obliquely. In olden times they thought you could not put them on any way, excepting on the sides of the fœtal head, but they had only straight forceps at that time. I enjoyed Dr. Thome's paper and the discussion, and I think that if we took a census it would be found that we agree as nearly as a lot of doctors can agree. Keep the patient clean; hot water is one of the best media. But when use hot water? In every case? I make it a rule to let well enough alone. I use the hot water after labor, when suspicious odors arise, but before labor, never. I try to keep the patient clean—bed, napkins and everything clean and neat. It has been said that obstetrics is one-half science, and the other half clean rags; so, if everything goes along all right, after due cleanliness has been observed. I have a quiet conscience, but, if things go wrong, one is apt to wonder if he has not left something undone. I have not the slightest faith in the connection between dirt and puerperal fever, because I have seen hundreds of dirty women delivered, in the dirtiest surroundings, with no puerperal fever. I was called one nice, cool, summer morning, by a man who took me to one of the dirtiest shanties within a mile of my residence. We went up some dirty stairs to see a dirty woman, lying on a dirty bed, and everything in the house was dirty. There was a pair of twins born with teeth, and they were dirty. I went home and picked twenty-two bedbugs off of me, and they were dirty. I never went there any more, but those twins and that mother lived and flourished as nicely and as physiologically sweet as anyone in Chicago; according to the doctrine of most of the septiphobians, they ought to have died."

Dr. S. N. Schneider: "The description of the last case seems to me to be convincing, and bears on a point made by Dr. Thome, i. e.: A woman in confinement is protected by a natural, slimy secretion, which seems to protect from sepsis, unless you wash it away or carry dirt in there in spite of the resistance offered and deposit it in that fertile culture soil for development. Keep yourself clean, and clean every instrument used, and probably nothing unclean will come out; the natural course of everything is outward."

Dr. Thome: "I am glad to enjoy this discussion; I believe in asepsis or antisepsis, as far as entering into the cavity is concerned, but I do not use any primary douche, for the simple reason that, as the doctor has just said, there is a natural secretion which protects the parts, and if we take that away we are more liable to abrasion and sepsis. Asepsis must be rigidly adhered to, and we must not allow any septic material to go into that cavity. As to the whisky, I use it as a stimulant, and to assist nature to throw off anything which may have entered. As to *Calendula*, I think it is an antiseptic; as good an authority as Comstock mentions it as third on the list, and particularly for its healing qualities. I have seen those cases, where dirty women came through all right, where I expected trouble, and they seemed to get along better than many who were kept entirely clean. It is as if a kind Providence looked especially after them. I have been much pleased with the discussion, but am sorry that more of the younger men of the profession were not represented."

Gynecology.

THE RELATION OF MENSTRUATION AND PATHOLOGICAL CONDITIONS OF THE UTERUS TO CUTANEOUS DISORDERS.

By ASA F. GOODRICH, M. D., Minneapolis, Minn.

This subject has been brought more particularly to my notice recently by a patient who applied for relief from recurring crops of small boils which made their appearance just previous to the menstrual period, disappearing as the flow came on. The literature on the subject, insofar as I have been able to determine, is not very extensive.

The appearance of acne eruptions at puberty is well recognized, particularly where the menstrual periods are irregular or slow in becoming established. Similarly, the frequent circulatory disturbances which make their appearance at the climacteric, as evidenced by the frequent flushings of the face, serve to show the intimate relation existing between the pelvic organs and the skin. Hardy has applied the term "pemphigus virginum" to a bullous eruption, marked by successive eruptions, appearing in young girls from 14 to 20, in whom menstruation has been suppressed. Turneux, in a thesis published in April, 1886, in speaking of what he calls "menstrual erysipelas," says that "menstruation causes various cutaneous eruptions, which serve as a nidus for a supposed streptococcus." In order to explain the periodicity of these eruptions, he admits the permanence of the microbes of erysipelas at some point on the surface of the body. "Hence the patient is auto-infectious, and this occurs because the menstrual eruption causes a solution of continuity or excoriating dermatitis." Eczema and acne show a preference for the face, doubtless owing to the increased vascularity of the part. These eruptions usually make their appearance a few days previous to the flow, and fade as it comes on.

In patients suffering from lichen, prurigo or psoriasis, the papules will occasionally, just previous to the menstrual period, show signs of irritation, becoming redder, with corresponding increase in the itching. Many women suffer from attacks of herpes labialis, which makes its appearance regularly at each menstrual period. Pruritis vulvae is a very common occurrence at the menopause, and is often accompanied by eczema and intertrigo; eczema often appears on other parts of the body, but eczema genitalium is almost peculiar to the climacteric; it begins usually on the labia majora, and extends to the neighboring parts. This eczema is very annoying by reason of the intense itching which accompanies it. Pruritis and the consequent scratching often cause a deposition of pigment; this, however, is more marked at puberty and the menopause.

Rayer, Grisolle, Baire and others have noted peculiar cases of bluish or blackish discoloration appearing in cases of sudden cessation of the menstrual periods. One case in particular is quoted, in which the patient, a woman aged 57, whose menses had ceased two years previous, presented a discoloration of the entire skin, most marked on the hands, toes and thighs.

Pregnancy, while not a pathological condition of the uterus, has its effect on the skin, as witness the deposit of pigment around the nipple and in the abdomen, as well as the change which often takes place in the color and appearance of the face, as well as other parts.

Condylomata, of the cauliflower variety, have been known to develop about the fifth or sixth month and disappear after confinement.

Syphilis, when it occurs simultaneously with pregnancy, is apt to assume a more severe type than otherwise.

In considering the influence which pathological conditions of the uterus exert upon the skin I cannot do better than quote from Martineau. He says: "These changes in the color of the skin, which are met with in diseases of the womb, are not the result of mere coincidence; they show that between these organs, physiologically separate, there really exists an affinity, a pathological intimacy. Uterine affections may produce chloasma as marked as that of pregnancy; accumulations of pigment at the points of election on the face, the mammary areola, the nymphae, the linea alba, the anterior aspect of the trunk and the hair sometimes take place in women who have presented none of these during their pregnancies. Long after the menopause chloasma may appear simultaneously with the development of a tumor, whether ovarian or uterine."

To the same class of phenomena belongs chromidrosis, which follows menstrual disturbances and uterine irritation. Acute eruptions, such as acne, rosacea, and erythema, are often dependent upon uterine disorders for their appearance, particularly at puberty and the menopause. Repeated observations have shown that where there is a lack of development of the uterus, with non-appearance of the menses, eruptions often of a very obstinate nature are apt to make their appearance at about the probable time of puberty. Scanzoni says: "Anemic women, who have at the same time some affection of the genital organs, very often present various eruptions of the skin, especially when there occurs an intercurrent exacerbation of the uterine affection. These are acne, eczema, erythema, urticaria and the furuncular diathesis, which occurs most frequently."

We find frequently, in cases of dysmenorrhea and at the menopause, an intense pruritis. Indeed pruritis of the genitals is often an early prodroma of carcinoma uteri. How can these phenomena be accounted for? Unquestionably I think on the grounds of the intimate relation existing between the pelvic organs of woman and the sympathetic nervous system. As a rule, patients who present at the same time some pathological condition of the skin and pelvic organs are extremely nervous.

The practical conclusion to be drawn from the preceding remarks is that in treating uterine and cutaneous affections, the entire system should be acted upon, particularly the nervous system, which should be brought to as nearly a normal condition as possible.

In the line of therapeutics, general hygienic measures should be adopted, and a careful inquiry into the condition of the pelvic organs in all cases of skin affections, with careful treatment, both local and general, relying mainly upon the carefully selected Homeopathic remedy.

Dr. H. Hawley Reed has removed from Brooklyn, N. Y., to Washington, D. C., where he has opened a high-class lying-in sanitarium.

Climatology.

TOO RAPID MIGRATION.

By A. M. DUFFIELD, M. D., Huntsville, Ala.
PRES. ALABAMA HOMEOPATHIC MEDICAL SOCIETY.

I have noticed that invalids who make the journey South are much more benefited by stopping over at convenient points for a few days or weeks, and thus breaking an otherwise wearing and tedious trip, and at the same time getting acclimated, as it were, to the changes of climate as they reach their destination for the winter. It is especially desirable that patients suffering from all kinds of respiratory affections should avoid sudden changes. There is more danger on the return trip, for many reasons. In the first place they are apt to want to return home when the first signs of spring manifest themselves by the bursting buds and blossoming spring flowers which are apt to mislead the person into believing it is just as pleasant at home, and the home folks encourage this longing by writing of the pleasant weather at home, which, as a rule, is worse than the very worst weather in the South.

I have repeatedly known patients who had made rapid recoveries, which seemed almost miraculous, and who were still improving, who would not listen to the advice of their physicians to remain until settled weather in the North, and who went home to Missouri, Illinois, Ohio and other States to take cold by a change in the beautiful (?) weather at home and be laid low by pneumonia. Now, if these unfortunates had made haste slowly, and stopped over for a week or two at places a hundred or two hundred miles apart until the weather had become established at those points, and then moved further toward home they would have been alive to sing the praises of climatic changes to-day. There are a good many healthful cities and towns that are eligible as stopping places and have known sanitary advantages, as Asheville, N. C.; Aikin and Somerville, S. C.; Marietta, Atlanta, Savannah and Thomasville, Ga.; Huntsville, Evergreen and Citronelle, Ala.

One of the most eligible to Chicago and St. Louis is Huntsville, Ala., within twenty-four hours of either city, and midway between them and the Gulf coast. It has the reputation of being the healthiest city in Alabama, if not in the South, and is quite free from epidemics of all kinds. It is beautifully located in a circle of mountains, thus being protected from high winds, and the winter climate is such as could well be recommended for incipient tuberculosis and kindred affections.

The best of hotel accommodations are afforded at very low rates, and the drives and scenery are hard to be surpassed. There are a number of old inhabitants to-day who came here many years ago for lung affections and are hale and hearty now. This was the point selected by the United States government to station its troops during the recent yellow-fever epidemic in Florida, and was reported as the most healthful station in the country.

Evergreen is located some two hundred odd miles south on the L. & N. R. R., and is in the Long-Leaf Pine Region, noted for its healthfulness.

Citronelle is still farther south, being within thirty-two miles of Mobile, on the M. & O. R. R., and is the best point for those suffering with hemorrhagic phthisis to spend their winters. The air is pure, dry and full of resinous ozone, the land being chiefly of a sandy soil, and so porous that within half an hour after a rain walking is indulged in without fear of getting cold from wet feet. It is a little hamlet, with a nice, comfortable hotel, with cottages situated in the midst of a large yellow-pine forest, whose boughs sweep the roofs of the buildings. It has been known as a health resort for more than a quarter of a century, and many leading physicians of Chicago and St. Louis have sent their patients there for several years.

The State of Alabama is full of mineral springs and wells, the most noted of which are: Blount, Bladen, Healing, Windom, Shelby, St. Clair, Talladega, Byrd, Lacy and Wooley Springs and Johnston's Wells.

Ophthalmology.

DERMOID CYST OF THE CORNEA.

By THOS. M. STEWART, M. D., Cincinnati, Ohio.
SURGEON-IN-CHARGE EYE AND EAR DEPARTMENT OF PULTE MEDICAL COLLEGE.

This subject has been selected for us by the recent appearance of a patient presenting such a growth. Tumors of the cornea are very rarely found originating in the tissue of the cornea itself, but begin in the conjunctivæ, either at the limbus or elsewhere, and involve the cornea through the medium of its epithelium. The case under consideration presented us with a picture of the true dermoid cyst of the cornea, no conjunctival implication being discernible.

In its pure form a corneal dermoid cyst is a congenital growth, but a mixed growth of dermoid and lipomatous tissue is sometimes met with after birth, and even in adult life. The one to which I now refer occurred in a woman of forty-two years of age.

Examination of the eye showed us a pale-yellow growth nearly in the center of the cornea, about one-fourth of an inch in diameter and slightly elevated in its center, and rounding off to its base. It began as a white spot on the cornea and very slowly increased in its size. From its close histological resemblance to skin we are reminded that the cornea is developed in embryo from the epiblast, which also forms the skin of the body. Hence it is not strange that such a growth should take place in the cornea. We know that organs are differentiated widely from the original germinal membranes for special functions, yet by reversions such as this we see something of the original process left. The same is true of vicarious menstruation and the like.

As to treatment, no internal treatment did the least good. Excision is the proper method, and was practiced successfully in this case. The growth has not returned, though, of course, vision is not improved. The operation was done simply to check the slowly growing cyst.

Necrology.

RESOLUTIONS OF ALLEGHENY COUNTY SOCIETY ON DEATH OF DR. DAKE.

The Homeopathic Medical Society of Allegheny County, Pa., having learned of the demise of Dr. J. P. Dake, formerly of this city (Pittsburg), and an

honorary member of this society, appointed the following committee to prepare a suitable memorial bearing upon the sad event, viz: J. F. Cooper, M. D., J. C. Burgher, M. D., and J. H. McClelland, M. D.

The committee charged with this duty presented the following report, at a special memorial meeting, held November 13, 1894, and it was unanimously adopted:

MEMORIAL UPON THE DEATH OF J. P. DAKE, A. M., M. D.

We are called upon to express our appreciation and regard for a distinguished colleague and honorary member of this society.

Dr. J. P. Dake, formerly of Pittsburg, died after a brief illness at his home in Nashville, Tenn., upon the 28th day of October, 1894, in the sixty-seventh year of his age.

We recognize a peculiar fitness in placing upon the records of this society a formal expression of regard for one who formerly lived in our midst, respected as a citizen, eminent in his profession, and greatly beloved by his friends.

Dr. Dake was, for a time, a pupil of the pioneer of Homeopathy west of the Alleghenies, Dr. Gustavus Riechelm, and was afterwards (1851) associated with him in practice in this city. His talents soon won for him first place in this community, and by the end of a decade he was so overwhelmed with professional duties that his health began to give way under the strain. In the year 1863 he was compelled to retire to his farm in Ohio, where, in a few years, he quite regained his former health and vigor. Consideration for the health of his wife determined his removal to Nashville, in which city he fulfilled a useful life, and closed a singularly brilliant career. Dr. Dake was a man of rare cultivation and refined tastes. He was none the less a man of large intellectual powers, and an unceasing laborer in the various lines of literary and professional work.

As editor, author and professor, he was alike distinguished for signal ability. In our national body, the American Institute of Homeopathy, he was a leader of acknowledged power, and the transactions for a third of a century have been enriched by his words and thoughts.

In this society and in this community he will ever be held in highest esteem, as one who dignified his calling, holding aloft the banner of medical reform when it took courage to espouse the cause of Homeopathy, and leaving to former friends, patients and colleagues, a memory full of respect and personal regard.

J. F. Cooper, M. D.,
J. C. Burgher, M. D.,
J. H. McClelland, M. D., } Committee.

Eulogistic remarks were made by Dr. J. C. Burgher, a former partner of Dr. Dake; Dr. J. H. McClelland, one of his students; Dr. J. F. Cooper, who was his colleague, and Drs. C. F. Bingeman, W. J. Martin, J. B. and R. W. McClelland, and L. H. Willard, who all testified to the sterling worth of the man whose loss we are called upon to mourn.

J. Richey Horner, M. D.,
Chairman Allegheny County Hom. Med. Soc'y.
E. H. Pond, M. D., Secretary.

Dr. J. K. Richardson has removed from Eureka Springs, Ark., to Wichita, Kan.

Correspondence.

THAT TYPHOID DISCUSSION.

Editor Century: "When doctors disagree, who shall decide?" I was much interested, as well as amused at the discussion of the papers upon typhoid fever in November 1st Century. It reminds one that "there are many men of many minds." Dr. Crawford jumps on to Dr. Foster with both feet, and Dr. Hawkes says Dr. Foster's comparisons are "absurd." Now, both of these doctors are good fellows, and do not mean any harm; but they don't know any more about typhoid fever or the cause of it than some of the rest of us who have been wrestling with it for a quarter of a century. Dr. Foster is an old and very careful practitioner and close observer, and has no doubt established his premises and arrived at his conclusion from the result of his large practice, and it is true that a large number of cases seem to have been reincarnated (speaking theosophically) and become new being often passing through a typical case of typhoid fever; but whether the doctor's theory is true or not true is not the question; he is entitled to credit for his originality and respect for his opinions. Dr. Crawford says: "Typhoid fever is closely connected with a baccillus." No doubt of that, but did the little cuss come there as a pioneer or a camp follower, is a question Crawford can't prove. But what if he is there, in either capacity? or that Foster is correct or not? What has it to do with the selection of the similimum for the totality of the symptoms? What have we learned from the discussion of these eminent gentlemen that will enable us to cope with the cases of typhoid that are upon us now?

Dr. Crawford said: "It occurs to me that no one has told us what to do with a case of typhoid from its inception to its termination," and yet he forgot to tell us. In my own humble opinion, no one can lay out a course of treatment or select a set of remedies that can aid any number of cases through; each one must be treated alone, by remedies selected for each set of symptoms. Even cold water cannot be applied indiscriminately. It is the saving clause, however, in a certain line of cases. But what pleases me the best is turpentine stupes as a topical application. I think, also, that many cases, if seen early, can be aborted or modified by proper treatment.

I object to Dr. Hoyne's remark about killing patients by applying cold water. There are some patients that are such strangers to water that I do believe it would kill them. Do yours belong to that class, Dr. Hoyne? I also think that Dr. Hoyne's remark about the "Allopaths always doing the wrong thing," is not policy, to say the least. There is no fight on, and why should we prod our opponents when we have them down.

Excuse me for drawing this out. I didn't mean to when I started. If you want to waste a stick or two of space, and think it proper matter, you can insert in your valuable journal. Hastily,

Milwaukee. O. W. Carlson, M. D.

HOMEOPATHY AND OLD LINE LIFE COMPANIES.

Editor Medical Century: Please find inclosed three dollars ($3), in payment of my subscription to the Medical Century. I sincerely hope that the Century may soon be made a weekly. It is a credit

to the Homeopathic profession and deserves their united and hearty support.

I see that you have asked those subscribers of the Century who have appointments on pension boards to notify you. I wish that you might also request those who have appointments as examiners for old-line insurance companies to do the same. It is a fact that Homeopathic physicians pay altogether too little attention to this matter, and allow an unfair discrimination in favor of the Allopaths. Most old-line companies are quite willing to accept the money of a Homeopathic physician or his client, but they refuse to recognize the physician professionally and insist that the medical examination shall be made by a so-called regular, even though he may be the most blatant quack in town, his only essential qualification is that he be a "regular." A list of all the different companies and how they stand in this matter should be in the hands of every Homeopathic physician and his influence exerted accordingly, and I am confident that if this were done some of the companies would be brought to recognize the absurdity of their position. As an instance of this allow me to give you these facts: During the past month a representative of a prominent old-line company has been in this city and has written about $300,000 insurance, his policy holders represent the best business men of the city; I have examined his policies and find that $270,000 of the $300,000 is represented by men who patronize Homeopathy. In this instance the company appointed a Homeopathic examiner only because it was to their interest to do so, as several of the applicants for large amounts refused absolutely, through the influence of their Homeopathic physician, to submit to an examination by an Allopath, and the company was forced to appoint a Homeopath, although they already had a regular examiner, who is an Allopath. I have taken the liberty to write you this as an instance of what can be done when Homeopathic physicians insist on their rights and fair treatment. I wish that the aggressive Century would take this matter up.

Niagara Falls. W. H. Hodge, M. D.

HOMEOPATHY IN PUBLIC LIBRARIES.

Editor Medical Century: Among students of medicine who annually attend the medical colleges in the large cities, there are many who depend upon the public libraries for books of reference and study. Students often spend hours in the public-library reading rooms, and, in fact, simply use their rented rooms for sleeping purposes.

The remark has come to me from some old-school students that they have often looked over the catalogue of medical books for late editions of Homeopathic works. In our own city the collection of Homeopathic books is quite small and most of them are of the earlier writers. From these books the students imagine that the Homeopaths are not progressing, and they look in vain for works upon the specialties, as well as late works on materia medica and practice.

For my own city and its excellent public library I shall do all that I can to correct this evil and to secure books that will ably represent our school, not only that the old-school students may not be again led to make this mistake, but also that our own Homeopathic students may find our public library of help to them.

It occurs to me that this same condition of affairs may also be present in other cities, and for the good of our school would it not be wise to look into this matter and correct the evil?

Cincinnati. Thos. M. Stewart, M. D.

ARSENIC AS A CHOLERA PROPHYLACTIC.

Paris, Texas, November 25, 1894.

Editor Medical Century:

As you have already honored me by publishing some of my writings, I offer you now a verbatim duplicate of a letter from my friend and representative on *Arsenic* prophylaxis of cholera in India, Dr. P. C. Majumdar, who has friends galore (excuse the provincialism, but I am an old sailor) in America who will be glad to hear from him; and the many friends of my hypothesis will also be pleased to know into whose hands in the home of the disease is intrusted the honest trial of this theory, which has been expounded upon the principle of similia and is set up against the inoculation theory of Haffkine, from whom we hear in this letter.

Dr. Majumdar's son, too, now a medical student in one of your Homeopathic colleges, will doubtless be pleased to hear thus indirectly from his father, as will all who had the pleasure of his acquaintance at our World's Congress in 1893.

Respectfully submitted for comparison with my predictions of 1893 in *Southern Journal of Homeopathy*, Vol. XI., No. 7, p. 253, under title: "Arsenization *vs.* Inoculation." R. B. Leach, M. D.,

"Promotor of Public Terror."

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[Duplicate.]

203 Cornwallis Street,
26th September, 1894.
Calcutta, India.

My Dear Dr. Leach: — I am happy to receive your very kind and suggestive letter. I was very ill of late, so could not answer your letter in proper time, hoping to be excused for it.

Your suggestion about the prophylactic properties of arsenic is a happy and opportune one. I am trying to ventilate it throughout the length and breadth of my country. I told you before, Calcutta is unusually free from cholera for the last three or four years, and that it has been mentioned in my work on cholera, so I could scarcely test any medicine personally. I wrote to a friend of mine about three hundred miles off, and he gave me somewhat encouraging news, yet he is not sure whether arsenic is the prophylactic. I have already written to some other friends, and they have not as yet given me the result of their trials. I am sure you would not be impatient. Time would solve the question. I have every reason to believe that arsenic would doubtless be, as you say, the grand prophylactic of this dire disease.

As for *Genius Epidemicus*, I have very little faith, and my experience does not say much in favor of it. Genius epidemicus holds good in actual invasion in many cases and in many epidemics, but not very often in prophylaxis. Hahnemann had an instance of it in an outbreak of typhoid fever, but that hardly demonstrates it in cases of cholera, as far as my knowledge goes.

In India Dr. Haffkine is trying to introduce cholera inoculation. He injects a solution prepared by himself from cholera dejecta. But his experiment, as usual with other Allopathic novelties, is destined to

utter failure. Our municipality incur a certain amount of money lost. I cut a little bit from our newspaper, and you will see what it is worth.

My plan is quite different. I will try your remedy in private practice among my friends and other physicians and then urge it to the attention of the public through the medium of the press and communications by letters.

This unfortunate experiment of Dr. Haffkine's has put us back for some time for any new idea to the public. But, Doctor, I assure you, and it is my firm belief, that you are on the side of actual truth; that your exertions will be crowned with success. I am glad you make such a thorough study of authors and your meaning of the words are of real applicability. I am still very weak and hope to be excused for not being able to write you a detailed review of your letters.

I sent my son, J. H. Majumdar, to Chicago to study Homeopathy there. I hope you will be able to meet him some day, as he will stay there for three years. He started about a fortnight ago, and will be there about the middle of October.

Fraternally yours,

P. C. Majumdar.

[*Duplicate of Editorial, Calcutta News.*]

In view of the experience acquired in the recent epidemic of cholera at Lucknow, it becomes exceedingly questionable whether the corporation of this city is justified in expending a single rupee of the rate-payers' money in promoting Dr. Haffkine's system of inoculation against that disease. Among the heaviest sufferers from the epidemic were the East Lancashire Regiment. Of the strength of the regiment about one-eighth, or 130 men, had been operated on by Dr. Haffkine. The number on the rolls attacked by cholera was 140, and of these seventeen or, as nearly as possible, one in eight had been inoculated.

Of the 140 men attacked, 95 died, giving a ratio of deaths to seizures of 67 per cent. Of the 17 who had been inoculated and were attacked, 12 died, giving a ratio of deaths to seizures of a fraction over 70 per cent. In other words, while the ratio of attacks to strength was practically the same among the inoculated and the uninoculated, the ratio of deaths to seizures was slightly greater among the former than among the latter; and the conclusion is unavoidable that unless Dr. Haffkine's virus in this particular case had lost an efficacy which it previously possessed, or had not been properly prepared, his system is absolutely without effect, either in diminishing the liability to the disease or in mitigating its violence.

It is apparently not quite certain whether the ratio of the inoculated to the uninoculated men actually present at Lucknow when the outbreak occurred was the same as that of the total number originally inoculated to the strength of the regiment; but, however that may be, *the damning fact remains, that among the men attacked, the mortality was actually somewhat higher for the inoculated than for the uninoculated.* (History repeats itself; 1721-1783, 1893-1894.)

It might seem at first that these results conflicted in an inexplicable way with those reported by Dr. Simpson in Calcutta. The two cases, however, are really not comparable, the evidence of the inefficacy of the Lucknow inoculations being positive and conclusive, while that of the efficacy of the Calcutta inoculations was purely negative. (Rainmakers' evidence.)

The presumption created by evidence of the latter kind may be weak or strong, according to the number of the instances embraced by it, and in the case of the Calcutta inoculations the number of instances was exceedingly small — so small that no violent degree of improbability attaches to the supposition that the immunity of the inoculated was a mere coincidence.

As far as *a priori* probabilities are concerned, Dr. Haffkine's inoculations against cholera and M. Pasteur's inoculations against hydrophobia stand, in one respect, on the same footing.

There is no more reason in the case of the one disease than of the other for thinking that one attack renders the patient less liable to a second, as in the case of small-pox and some other zymotic diseases.

On the other hand, as far as the ascertained consequencies of the two systems go, Dr. Haffkine's inoculations possess, as far as present experience teaches, the merit of being comparatively harmless (12 in 17), while it is absolutely beyond doubt that M. Pasteur's, whether they ever do good or not, very frequently kill.

[N. B.—Note the death-rate of 70 per cent, in comparison with that under similia, as represented by Pulte and Ehrman, in Cincinnati, Ohio, in 1867, of 3¾ per cent.—R. B. L.]

THE POETRY OF FIGURES.

Editor Medical Century: To the heart of the truly scientific physician there is nothing so dear as figures. Statistics are his especial delight. And when, indeed, one comes to consider what he can accomplish with their friendly aid one can not wonder at his enthusiasm. For to them he turns in childlike confidence when he wishes to establish the superiority of any particular method of treatment; upon them he calls when he desires to show how many human lives some one else has needlessly sacrificed; their assistance he invokes when anxious to prove beyond a peradventure that he is a skilled physician and his learned competitor a crank—and in each and every instance he is promptly and eminently successful. Who, indeed, dares dispute his conclusions? "Figures never lie."

Here in the city of Oshkosh it has recently been demonstrated beyond all cavil that the operation known as intubation of the larynx is a flat failure. It is a scientific nuisance. It happened in this way: A prominent local practitioner, a great admirer of profound deductions and a thorough believer in the efficacy of statistics, purchased a set of O'Dwyer's instruments, and, with a laudable resolve to further the interests of science undertook to keep a careful record of his experience in their use. His first case, one of membranous croup, was operated upon successfully, but died twenty-four hours later. His second case, laryngeal diphtheria, also died. So did the third, membranous croup. The fourth, membranous croup again, traveled the same road. So did the fifth, diphtheria. Here now, there is the record up to date. Total number of patients intubated, 5; total number of deaths, 5; mortality, 100 per cent. This summary is, to the writer's personal knowledge, absolutely correct—and who can dispute its conclusions? True the record presents a death loss which, as in the case of those unfortunate "Eclectic Homepathists" at Montclair, N. J., embodies "a percentage so appalling as to arouse at once suspicion as to the reliability of the report"—but this suspicion being absolutely groundless we are forced to recognize the report,

with all its disappointing significance, as it stands before us. What shall we conclude? What can we conclude? Obviously that intubation is useless; that any method of treatment, internal or external, high potency, low potency, or no potency, that will save once in a while a patient, is preferable to it. Many of my esteemed colleagues, unfortunately, have been looking upon intubation as of real value. I therefore regret being obliged to publicly demonstrate their pursuit of a nimble *ignis fatuus*—but, "painful as it is to make this statement, it seems to be imperative, under the circumstances."

Statistical tables are always interesting, and that of Dr. Clarence Willard Butler, embodying his personal experience in typhoid fever, is no exception. There is, too, much more in it than would at first attract the notice of the superficial observer. Upon its face it simply demonstrates, together with the context, the immense superiority of Hahnemannian over so-called Eclectic Homeopathy. But this is not all. Note, for example, that of the seventeen patients, six were males and eleven were females. Of the six males one died; mortality, 16.66 per cent. Of the eleven females none died; mortality, *nil*. From which we may gather the immense advantage, in troublous typhoid times, of being a female. Again, with respect to occupation, the seventeen patients may be classified as follows: Clerks, two; students, two; school children, four; musicians, one; servants, one; merchants, one; housewives, two; no occupation, four. Of the two clerks one died; mortality, fifty per cent. Of all others, none died; mortality, no per cent. A flood of light is thus thrown upon the extreme danger that lurks in a clerkship. It is worth while, too, to note that being without occupation is so extremely healthful. Can it be that Coxey and his band had seen Dr. Butler's table?

From a careful consideration of the foregoing facts, which must appeal most forcibly to the intelligence of the fair-minded reader, we are enabled to glean the important conclusion that if one will but employ a strictly Hahnemannian practitioner, eschew clerking, live without occupation, if possible—and, above all, persist in being a female—one may snap one's finger at typhoid fever. All this is clearly indisputable. Great is Science, and the statistician is her prophet!

An unreasonable critic might be disposed to draw still further deductions from Dr. Butler's table. He might note, for instance, that of the seventeen cases reported, only six are set down as "severe," and that of these six "severe" cases one die—mortality 16⅔ per cent! He might mention the fact that these "severe" cases were perhaps the only true test of Dr. Butler's treatment, for it is generally admitted that in mild, uncomplicated cases of tyhoid the prognosis is good, with good nursing, under any or no treatment. In this connection I might mention personal knowledge of a family in which five cases of undoubted typhoid occurred, ran a typical course, and recovered, without any medical treatment whatever. These people, being "without money and without price," went also without a doctor, and the wisdom of their course was apparently established by its results. A tabulation of these five cases might be made, but it would scarcely do much toward showing a *cure*, under treatment—Hahnemannian or otherwise. However, let us not forget that sixteen of Dr. Butler's seventeen cases were cured—for

> He himself hath said it,
> And it's greatly to his credit.

I have a vivid recollection of the remarks of a leading professor in a prominent medical college, who once delivered a lecture upon the subject of statistics. He boldly declared them, as ordinarily used, utterly fallacious. He emphasized the fact that, in the first place, no two cases of the same disease are exactly alike, and, in the next place, that no two patients are exactly alike. Again, no two cases, except in hospitals, have the same environment, or are favored with the same nursing. More potent, however, than all these sources of inaccuracy and uncertainty is the action of that unseen power, the *vis medicatrix naturae*. A certain patient, for instance, is given a certain remedy. He recovers. We say the remedy *cured* him; but in reality the *vis medicatrix* effected his recovery, perhaps with the assistance of that remedy, mayhap independently of it, possibly in spite of it! He averred that *post hoc ergo propter hoc* is a dangerous fallacy, that there may be a vast difference between cause and effect and mere antecedence and consequence. In view of all these facts, he cautioned his hearers against predicating a cure upon the result of one or a few cases. And he stated with much emphasis that statistics are only of value when kept upon a stupendous scale, in an institution where all cases have the same nursing, hygienic surroundings and medical treatment—and then their significance is only relative. All of this impressed me at the time as good sense, but, since witnessing Dr. Butler's brilliant statistical defense of Hahnemannian Homeopathy, I am constrained to look upon it as the acme of old fogyism.

As a rule, the potency of figures is not so well recognized as it should be. There is, however, one class of prescribers who appreciate it fully. These gather up all those unfortunates who have suffered from lost manhood, wretches who have cherished running sores, and unrequited heroes who have scratched for twenty years, and paraded them in long lists for the people's benefit. There is but one difference between their statistics and those of the more modest legitimate practitioner, and that is that in the former instance the percentage of *cures* is invariably one hundred. In this they are even able to out-Hahnemann the Hahnemannian. But we dare not dispute their conclusions, for figures talk. And, since figures can speak so intelligently, why do not the Eclectic Homeopathists of Montclair, N. J., prepare a table? The professional ear is open to them. It has already had proof from Dr. R. C. Newton of the vast superiority of "regular" treatment over all forms of Homeopathy, and from Dr. C. W. Butler of the tremendous advantage of having Hahnemannian treatment (and being a female) over having a "regular" or Eclectic Homeopathic attendant. Now let the Eclectic gentleman speak. The busy doctor is listening, and when he has heard infallible proof from all sides, he can then decide intelligently whether to commit suicide or turn Christian scientist.

Oshkosh, Wis. Harvey Dale, M. D.

EXACTITUDE AND CYCLAMEN.

Dr. G. W. Harmen takes me to task for the inexactitude of the comparison of *Cyclamen* with *Pulsatilla* in the "Materia Medica Melange" column of October 15th, taking exception to the statement

therein made that the menses of *Cyclamen* were scanty, quoting from his note-book (an exact source) of Farrington's lectures in support thereto.

True, it is usual that the menses of *Cyclamen* are profuse, but the statement that *Cyclamen* has scanty menses, similar to *Pulsatilla*, is also true, and it is just in these cases where they should be carefully distinguished for there is little if any use in comparing remedies that present no point of similarity.

Farrington, Dr. Harmen's own authority, gives scanty menses for *Cyclamen*, as he admits. Lilienthal, another of his authorities, gives also "scanty, painful menses" and "suppressed menses" under *Cyclamen*, facts which the correspondent in his exactitude *forgets* to mention.

Were the menstruation of *Cyclamen* always profuse and that of *Pulsatilla* always scanty, the distinction would be easy to most prescribers; but, strange to say, many remedies have both scanty and profuse menses, these among them.

As regards the "light-complected" *Bromine* patient, this, in spite of the fact that the error appears in both editions of the "Essentials," is perhaps an error, and the word is used properly in the very next line in speaking of the "complexion" of the Iodine patient. The Century Dictionary, a very good authority, pronounces "Complected" a perfectly proper word, though it gives the preference to "Complexion."

Of course, exactness (which, by the way, is better than exactitude) is to be desired in all things, but *errare humanum est.*

New York. W. A. Dewey, M. D.

After Office Hours.

HOW I TREAT TYPHOID FEVER.

How do I bathe typhoid fever patients? How do I feed typhoid fever patients? How do I treat typhoid fever?

In a recent issue of the Medical Century these questions were asked by the editor, a prominent physician, of Chicago, and as I am always willing to give to others the results of my research and advanced thoughts, which I have thought, all by myself, I will answer these questions in my own quiet way and in a manner that will startle the profession no doubt.

1st. How do I bathe typhoid fever patients? Well! usually with water, as I have found it cheaper than most any other beverage and it can be found in almost any convenient running stream. Having selected a suitable spot under a sycamore stump with plenty of blue mud in the vicinity, I take the patient gently by the forelock and lead him down to the water's edge. I permit him to dip his foot into the water as he gasps for breath and shivers with delight, and then I stand patiently by as he squshes the blue mud between his toes until his hysterical spasm has subsided, when, suddenly, I utter a blood-curdling yell and follow it up with a quart of laughter and forcibly push him into the purling stream. As he comes up, holding his breath, I deliver several handsfull of blue mud against his gooseflesh skin, amidships, with seeming unconcern. This causes him to inflate his lungs and necessitates another immersion. I never permit him to come upon the bank and rub him down with sand until his skin has a bright red appearance and fairly glows in the soft moonlight, if the moon is shining. He now goes home to his bed with a great deal of pleasure.

2nd. How do I feed typhoid fever patients? In answer to this question I will state that, so far, I have not been in the habit of feeding any of my patients. While it has been admitted that I am liberal to a fault still I believe in letting them feed themselves. And, more than that, I expect them to furnish me with sustenance. I have spent many thousands of dollars to acquire a medical education, of a superior degree, so I could expect a diet composed of the luxuries of the land, and sea, with something to wash it down; but had I known several years ago what a light diet I am compelled to put up with I would have saved my thousands, got along with less knowledge and bought more to eat. I could have lived to a good old age and grunted with the gout, besides. How many physicians there are who have invested hundreds, yes, thousands of good dollars, and a few bad ones, to gain an advanced medical education, and after acquiring it have turned up their dark red toes and died with some plebean disease, or have suffered a more protracted death by starvation and remorse. I have enough "bad accounts" on my slate to swell me up with pride,—but they don't.

3rd. How do I treat typhoid fever? Typhoid fever is a fever resulting from an inflammation of Peyer's patches, which are small claims staked out some years ago by a man named Peyer, and they have since gone under this *nom de plume*. Peyer deserves a great deal of credit for his forethought. I have often tried to discover something new in a dead man's make-up, like other great men as Peyer, Gimbernat, Wharton and Steno have, but I have never been rewarded with success. The nearest I ever came to it was when I found a souvenir spoon in the siginoid flexure of the colon, but it was only there temporarily. I have often desired to have a foramina or an old piece of gut named after me. I suppose Peyer has a monument or will have some day. Hahnemann is going to have one some of these bright mornings when the pennies come in from the back counties. The old-school physicians are divided on the treatment of typhoid fever, and all other diseases, for that matter. Some continue to administer *quinine, antipyrine, antifleebane, acetanilid, etc.*, in large and fatal doses, and their mortality is high. Others don't treat the patient at all, they get a trained nurse to do it, and they go twice a day and jolly the nurse and then mark up for two visits at night without compunction. Their mortality is less. Our school not only jollies the nurse, but also jollies the patient by showing him the little bottles from time to time, and they also mark up for two visits at night, wearing a tender smile upon their countenances. Their mortality is lesser. Now for my treatment: Some time ago I jumped in ahead of Koch and discovered the typhoid germ one morning as I was strolling in my garden before breakfast. I have given him the name of Streptococcus Pyogenes Peyers Patchibus, of the family of the family of Baxlkzgplt. In appearance it is of a dark drab color, with mane and tail and two white spots on the left shoulder. It moves in a sineous course and with great rapidity, every now and then raising its head and emitting a doleful snort. After

a great deal of difficulty I succeeded in capturing a few and boiling down their fat and have, as a result, a clear limpid fluid which I call *typhoidine*. I have had but one patient, so far, to test it on and he made a rapid and beautiful recovery, consequently my mortality has not appeared at the present writing. A short time ago I was summoned to the suburbs, about ten miles in the mountains, to attend a moonshiner who had been "stricken with a fever," and a roving doctor had named it typhoid. So, taking the doctor's word for it, I proceeded to fill my hypodermic syringe with *typhoidine* and injected it into the left buttock with a solemn squirt.

The effect was wonderful and far beyond my most ambitious expectations. The patient immediately arose from his bed, jumped over a bench, went out into the yard and down the mountain side into the tall timber, jumping like a school boy and yelling with delight at each jump. I learned afterward that he did not return for several days and that he had entirely recovered from the fever but still walked with a slight hitch in his left leg and wore an expression of uncertainty clear down to his toes. I am highly elated over my discovery, but wish to retain the secret of the preparation so that it will not fall into disrepute. Had Koch and Brown-Sequard done likewise the former would to-day be the greatest man on earth and the latter would have been second best in heaven. Timothy Linn, M. D.

P. S.—I will sell some of my *typhoidine* for a cash bonus and a royalty of 10 per cent on each case; syringe thrown in. T. L.

Associations.

MISSOURI VALLEY HOMEOPATHIC MEDICAL SOCIETY.

The initial meeting of the Missouri Valley Homeopathic Medical Association at Omaha, Neb., was a great success, and this new society promises to be one of the strongest in our school. The club-room at the Mercer Hotel was tastefully adorned with potted chrysanthemums and palms and the chairs were all occupied and the hall crowded during all the sessions. Dr. D. A. Foote, of Omaha, was elected presiding officer and Dr. J. Quimby, of the same place, temporary secretary. Dr. Sumner Davis gave a royal welcome to all visitors, to which T. H. Hudson, M. D., of Kansas City, responded, prophesying a brilliant future for this fair daughter of the Missouri Valley. Mr. Geo. H. Neal, of Falls City, delivered the opening paper, which was full of enthusiasm and fraternal inspiration. Dr. C F. Menninger, of Topeka, Kan., discussed the paper in a most congratulatory manner, and the irrepressible and scholarly Hudson said "Amen" out loud. Dr. W. A. Humphrey, of Plattsmouth, read a most able paper, discussing "The Prevailing Fevers of the Missouri Valley." Drs. W. H. Hanchett, Sumner Davis, R. W. Connell, H. P. Holmes, C. G. Sprague, D. A. Foote, A. H. Doris, and Benj. F. Bailey (of Lincoln), C. F. Menninger, G. H. Neal, P. J. Montgomery and A. P. Hanchett (of Council Bluffs) joined in the discussion, which was very full and interesting. It was contended that the nomenclature of fevers needed revision, or else climatic surroundings exercised a most potent modifying influence upon typhoid and similar fevers. Dr. Foote exhibited an enormous specimen of fatty tumor which he had found at a recent autopsy of a Christian science-curing establishment. Dr. Hudson followed in the afternoon session with a paper entitled "Progress," uncovering a very laudable scheme of dispensing Homeopathic gospel by means of a column once per week in the Kansas City *Daily Journal*. Dr. A. H. Doris, of Lincoln, read a carefully prepared paper giving the history of "Antitoxine in Diphtheria," and advocating a scientific trial of the remedy, as it seemed to have the sanction of worthy men. This position was combated somewhat fiercely by several physicians present. Dr. Benj. F. Bailey read a paper upon "Homeopathy and Bacteriology," which elicited much praise. Dr. Freeda Lankton, of Omaha, took the position that vaccination was unscientific and unavailing as a preventive of small-pox, in a well-written paper, entitled, "Shall We Vaccinate? If Not, Why Not?"

Dr. S. J. Quimby, in a scholarly review of the same subject, showed by overwhelming evidence the success of vaccination. These papers were thoroughly discussed, but a large majority favored vaccination. The evening recess, 6:30 to 8 o'clock, was spent in the dining-room of the Mercer Hotel, the physicians with their friends, wives and visitors, surrounding a tempting spread of alimentary blessings. The evening papers were: "Ocular Manifestations of Several Diseases," P. C. Moriarty, M. D., of Omaha—an unusually interesting paper; "One of the Needs of Homeopathy," J. E. Mann, M. D., of Omaha, in which he urged organization for offensive warfare, and a closing up of our ranks so that brother could feel the touch of brother in our common weal; Dr. C. W. Easton's paper, entitled "Homeopathy's Relation to Surgical Antisepsis," was read by proxy, as the doctor was detained at his home in Des Moines; Drs. C. F. Menninger, of Kansas; T. H. Hudson, of Missouri; P. J. Montgomery, of Iowa, and G. H. Neal, of Nebraska, reported a constitution and by-laws, which were duly accepted, and the next meeting was fixed for Kansas City, October, 1895. The first officers of the society are: President, D. A. Foote, M. D.; Vice-President, T. H. Hudson, M. D.; Secretary, W. A. Humphrey, M. D.; Treasurer, C. F. Menninger, M. D.: Board of Censors, Drs. A. H. Dorris, H. T. Holmes, P. J. Montgomery; Legislative Committee, Drs. W. H. Hanchett, Benj. F. Bailey, A. P. Hanchett. May this new association be as fruitful as the valley it has pre-empted—the richest soil in the world!

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

Chicago, December 15, 1894.

OUR TYPHOID FEVER NUMBERS.

It must of necessity go without saying that no reader of the Medical Century can have carefully studied the issues of October 1 and November 1, special numbers of this journal devoted to the consideration of typhoid fever, without having derived benefit therefrom. As suggested by Dr. Conrad Wesselhœft in his admirable article in the issue of October 1, a symposium of this character is certain to bring forth conflicting thoughts, views quite at variance with each other, the opinions of many men; but, while breaking the autonomy of the discussion there is sure to be thus evolved a great deal that is helpful to the student of the recent literature of this subject.

Dr. Wesselhœft gave us a most excellent critical review of the course, general management and treatment of this fever from the teacher-practitioner's viewpoint. Dr. Orme followed with a most helpful discussion from the standpoint of the general practitioner, rather than from that of the college man, Dr. Wesselhœft's contribution being more of the latter kind. Both were full of meat. Either would certainly prove helpful to the beginner, or even to the practitioner of years. Together, it is doubtful if two better articles on this important subject ever saw the light of day through our periodic literature.

The handling of the subject of etiology and pathology by Dr. Arndt, of San Diego, was skillful and accurate. Boiled right down to the limit of space allowed him, it is difficult to conceive of a clearer presentation of his topic. And in giving us the latest generally accepted theories as to causation Dr. Arndt has made it possible for even the careless reader, the man who fails to pursue closely the literature of the profession, to understand what science is teaching in this direction. The editor of the Century congratulates his readers and felicitates himself. He went to exactly the right man for this work and got just what we all want—the milk of the etiological cocoanut.

Perhaps the most valuable article for the practitioner who lives in territory in which malarial and typhoid fevers prevail equally or in mixed types is that of Dr. Ayres, of Little Rock. Dr. Ayres has had extensive experience with the paludal fevers and, as will be seen by reference to his discussion of the subject, possesses an analytical mind that enables him to easily differentiate one type of fever from another and to recognize the mixed type when he meets it. His handling of the subject is skillful, and surely no one practicing in the great Southwest, where the mixed type of fever so commonly prevails nearly every year, can have studied his article without deriving benefit therefrom. It supplied just what was found to be missing in the excellent contributions of Drs. Wesselhœft and Orme, and is a genuinely practical article for those whose work is in districts like unto that of its author. Dr. Ayres could hardly hope to vie successfully with Dr. Wesselhœft in Boston; but even so bright a light as Wesselhœft would find in him a hearty competitor in his own field, the Southwest.

Dr. R. N. Foster seems to have made a stir in the paper he read before a recent meeting of the Homeopathic Medical Society of Chicago, in which he holds typhoid fever to be somewhat of a natural process, comparing it, as will have been seen, to the second dentition and other physio-pathological processes. Dr. Foster is sincere in believing the manifestation known as typhoid fever purely an effort on the part of Dame Nature to born some of herself anew. In laying down this proposition he met with an opposition most intolerent in character, but stuck to his text with commendable courage and set some members of the society to thinking. Perhaps his article has done as much for some readers of this journal who do not happen to be members of the Chicago society. If so, it has served a good purpose. For, while we do not at all agree with the conclusions reached by Dr. Foster, and hesitate not to suggest that we think them quite untenable, yet we admire the courage of a man who does not fall into line with the bacteriologists of the day simply because he knows nothing else, and who can give no reason for his conclusions except that Professor So-and-So says thus, and that is what he and we must believe. Some members of the Chicago society were almost rude in their criticisms of Dr. Foster's views, and yet it is "dollars to doughnuts" that they know no more about the etiology of typhoid fever than some of the rest of us, accepting blindly the dictum of some far-off student of the laboratory, and avering with a positiveness that should accompany personal knowledge only that his doctrines are true and all others false. Differing honestly with Dr. Foster we are yet willing to bow to his analytical mind and large store of knowledge and give respectful heed to his suggestions. If

true, they will live. If false, they will die a natural death, and it is not necessary for us to strangle them, as it were, with dvehement enunciations of prejudyed unreasonableness. True or false be the ideas set forth by this contributor, he has given us a scholarly paper, and we can but admire the very boldness of his presentation of his views.

The Homeopath belonging to that wing of the profession denominating themselves Hahnemannian Homeopaths will find some comfort in Dr. Clarence Willard Butler's review of the recent epidemic of typhoid occurring at Montclair, N. J. In this epidemic the figures seem to indicate a higher death rate for the Homeopathic than for the Allopathic profession, something not very usual. Dr. Butler analyzes these figures and attempts to show that the death record for those practicing straight Homeopathy is exceedingly small, the bad record over which the Allopaths crow coming from what Dr. Butler terms Eclectic-Homeopathic practice. On the face of the returns Dr. Butler makes out a good case. And those who know him will credit every word he has to say. There may be other explanations to offer, but in their absence we are forced to the conclusion that had all of Homeopathy's cases been treated according to the strict inductive method the record would have been much to our favor. Surely, independent of Dr. Butler's presentation of the subject, if there is a disease in which we are not justified in alternating remedies, in changing them often, in giving large doses and in practicing the unscientific methods belonging to polypharmacy, typhoid fever is that disease. Here we have plenty of time, except in unusual emergencies, to carefully select the similimum. Haphazard prescribing seriously complicates our cases and always brings additional danger to the patient. Typhoid patients may get well in spite of the alternation or rotation of drugs, in spite of treatments but a shade removed from the crudity of the old school, but these cases will always do better if treated more carefully, more accurately hence more scientifically, according to the Homeopathic law. And if Dr. Butler's contribution will but set some of us who have been careless in the past to cogitating this suggestion and to a more careful selection of our remedies in each individual case he will have accomplished a good work.

Added to the contributions of Drs. Orme and Wesselhoeft, Dr. J. S. Mitchell's scholarly contribution on the clinical course and general treatment of typhoid fever rounds a nice period. Boston, Atlanta, Chicago! Three different sections, each represented by a giant in the field of general practice. How could the articles of these eminent men be otherwise than very valuable? Connectedly they make a strong presentation. In general management they differ but insignificantly. Remedially, they operate along the same lines, the testimony thrown together forming a cleavage that tells a story of the general accuracy of Homeopathic prescribing. No radical variations mark their articles, yet there are sufficiently different suggestions presented to make each com plementary to the other, each helpful individually.

Drs. Beckwith and Gilman give us the practical hygiene of Typhoid. They tell us concisely how to handle the typhoid patient hygienically and dietetically, and they tell their stories well. No long-drawn-out dissertations, text-book in character, are theirs, but brief, practical, right-to-the-point contributions have they given us. And to observe what has been said in this line is to give our typhoid cases the best possible chance for recovery, independently of medical measures. Drs. Monroe, Ebrlee, Barker, Hanchett, Titzell and Stout have given us many good and practical hints in the management and medical care of our typhoid patients, and a number of practical suggestions are still in store for the readers of the Century in papers now upon our table awaiting place. So that, all told, we feel that it is not an idle boast to say that the readers of this journal have had set before them a feast on this subject. And to those members of the profession who have been so kind as to give us the exceedingly valuable symposium we have been able to present we feel sure the thankfulness of a grateful constituency goes out in abundance.

Were we disposed to criticise we should dwell upon one point in connection with the articles presented. In more than one there is a routinism that is neither commendable nor defensible. Typhoid fever, while a specific disease, is not a disease to be treated by name. In no ailment which we have been called upon to combat in nearly a quarter of a century of practice is there greater necessity for careful individualization than in this. And to read that every case receives *Baptisia*, or any other remedy, in the initial or any other stage, means to us a carelessness in prescribing that is not altogether excusable. Especially are we prompted to suggest that the routinism we are told is practiced, or has been practiced, in Cook County Hospital, accounts, in our judgmeut, in good part, for the rather limited degree of superiority which Homeopathy has shown to possess over the methods of the old school in that institution. And this crudity of dosage is not in accord, we believe, with the practice of a great majority of the profession in this disease. Not dwelling upon this institution we notice in the reports of some of our contributors throughout the country a decided tendency to routinism and to dosage not in harmony with the teachings of Hahnemann, Grauvogel, Jahr, Boenninghausen and even our clearest thinkers and most careful practitioners of to-day. Let us improve upon all this. Homeopathy has in store for us better things than we are in the habit of getting from her. The fault lies with us. We are too care-

less in the selection of our remedies. Personally we are free to admit that we very often prescribe upon "intuition," just as hosts of others do. But there is no excuse for this sort of thing, and "intuition" in this connection simply means if not laziness, thoughtlessness, carelessness. And this means a great deal to our typhoid patients sometimes.

On the whole, however, the evidence of careful differentiation of remedies is very satisfactory and points clearly to a revival of the inductive method. We have been drifting away from the practice of our fathers for years. Let us drift back as fast as we can. The Organon will tell us how, and we have the same materia medicas, and we doubt if we have any better, that our forefathers had. Coupling these with the more recent researches of the profession to which we belong and to those of the dominant wing, which are our common property, and we should do a great deal better than the pioneers of Homeopathy did. But do we? And if we do not whose fault is it? Let us take an inventory occasionally and see just how we stand in relation to *simila similibus curantur* and we will find that we have been drifting away from the law, the gospel and the prophets. A return to the house of our fathers will give us a clearer balance sheet the next time we draw one.

IS THE MILLENIUM APPROACHING?

It will be remembered by the readers of the *Southern Journal of Homeopathy* during those nine years that embraced the period of occupancy of the editorial helm by the editor of this journal that almost a constant legislative warfare was on in Texas, and that the *Southern Journal* and the *Daniel's Texas Medical Journal* were ever and aye arrayed in bitter combat on this subject, the warfare at times becoming so very bitter that "coffee and pistols" were more than once thought to be necessary to the settlement of the differences between the belligerent editors. Homeopathy always won the day in Texas and the *Daniel's Journal* finally reluctantly admitted it to be impossible to secure the enactment of an examining-board law in the Lone Star State because of the opposition of the Homeopathic profession. And now that journal comes out editorially in commendation of the views of Dr. T. G. Wooten, president of the Board of Regents of the University of Texas, who suggests that the examining-board system be tabooed altogether and that all applicants for the practice of medicine in Texas be required to be graduates of medical colleges whose requirements for graduation shall be at least as high as those of the Medical Department of the University of Texas, this school requiring three terms, in three different years, of six months each. The *Texas Journal* in a recent editorial complacently says that "opposition to medical reform has heretofore come from the Homeopaths," and suggests that Dr. Wooten's plan can surely awaken no opposition from us. Certainly not. Homeopathy never opposes true medical reform or reasonable and sensible legislation pertaining to the regulation of medical affairs. But Homeopathy opposes medical legislation that looks toward a restriction of her just rights and the dispensing of all the medical patronage and controlling power to one sect alone. Dr. Wooten's plan is the most sensible one ever offered in Texas. For it surely will be taken for granted that the student who attends medical college three years will know enough to begin the practice of his profession, at any rate, no matter what his pathy. And the licentiate of the examining board cannot be expected to know more than graduates of colleges pursuing three long terms of study.

The change of heart of the *Texas Journal* suggests the caption of this editorial. That periodical has fought Homeopathy so hard in season and out of season, so viciously, so vindictively, that we are constrained to believe the medical millenium is near at hand when it accepts a reasonable plan of legislation and offers as one of the arguments in its favor that the Homeopaths will not be likely to oppose it.

Colleagues, let us take courage. Texas sets an example worthy of emulation. If our profession over the country would but show the grit the profession of this great southwestern State has shown in recent years the examining board would soon be wiped from the face of the earth. Registration laws defining the requirements of colleges whose graduates would seek license to practice their profession in the different commonwealths are all the medical laws needed in this country and are, after all, the very best that can be devised.

VALE, 1894!

With this number the MEDICAL CENTURY closes its second year. Its story is told. Nothing we could add could make it one whit more popular with its friends nor one tithe more unpopular with those who love it not. What has been written has been written. Words are the only things that last forever, and the MEDICAL CENTURY for 1894 is fairly full of good ones, we believe. The articles written by the professors have been most excellent and are possessed, as a rule, of a degree of merit that is highly creditable to Homeopathy and their authors. We are sure it will be admitted that the year has seen the production in these pages of much more of practical matter than was given our readers in 1893. The special numbers of the last few months, those on summer complaints of children, typhoid fever and climatology, have been of most practical character and have, of themselves, furnished our subscribers much of valuable reading. In surgery and gynecology there is small room for complaint, but in materia medica and the principles and practices of correct Homeopathy we have been far too short. Better things in these lines during the coming year will hon-

pected, and if the merry crack of the editorial whip will help bring good fruit in these departments the journal will be loaded with it. For we shall gun for good game.

The semi-monthly issuance of the MEDICAL CENTURY has been a success from all standpoints. The profession has so generously supported the journal that its financial condition is good, very good. But this is not yet sufficient to justify a weekly issue, and the semi-monthly will be continued during 1895. If the profession want a weekly they may have it, but they will have to signify their desire by increased patronage and freer contributorial support. A weekly journal of the present number of pages is easily possible, and is expected for 1896.

The CENTURY'S half-tone frontispieces were quite a feature. They will be resumed soon and exhibited occasionally. Framed, these make a handsome galaxy of good-looking men and women, and tell their own story of intelligence and culture in our profession.

All in all the MEDICAL CENTURY'S first two years has been phenomenal, and the prediction made when the journal was launched, in January, 1893, that the time was ripe for a high-class metropolitan Homeopathic newspaper, seems more than verified. An experiment then the journal is a permanency now. A monthly then, a semi-monthly this year and next, it will soon be issued as a weekly and its service generally improved. The profession has been good to it and it has tried to be good to the profession. If it has succeeded in its efforts its editor's heart is glad. If it has not altogether come up to expectations indulgence is craved and greater efforts will be put forth in the future to fully merit the good graces and liberal patronage of a generous constituency.

With A Merry Christmas and A Happy New Year for every friend of the MEDICAL CENTURY the curtain is drawn over 1894.

Editor's Table.

Dr. J. Keck has recently located in Bloomington, this state.

Dr. T. M. Dillingham, New York, has recently returned from a trip abroad.

The Boston University School of Medicine has an attendance of 167, of whom 110 are men and 57 are women.

Dr. E. Cartwright, of Decorah, Iowa, is another Homeopathic pension examiner appointed during the present political administration.

Dr. Winthrop T. Talbot, Boston, has been pursuing a series of investigations in relation to inoculation in diphtheria, in the Pasteur Institute, in Paris.

The Homeopathic Medical Dispensary at Boston reports having treated 1,089 patients during the six months ending October 1st. The professional calls made number 3,924.

Dr. H. W. Champlin, of Towanda, Pa., has been spending a brief period of time in Chicago in review work, chiefly with Dr. Pratt, at the Lincoln Park Sanitarium.

Dr. W. A. Dewey, chairman of the Materia Medica Bureau, American Institute of Homeopathy, is one of the professors of Materia Medica in the new Homeopathic polyclinic, New York.

Dr. J. B. Gregg Custis, of Washington, D. C., was prevented from attending the recent meeting of the Southern Association at Chattanooga, very much to his regret. Likewise the editor of this journal.

Dr. Leonard Pratt, of San Jose, Cal., has been visiting his son, Dr. E. H. Pratt, and his numerous friends in Chicago. The Doctor is enjoying excellent health and seems to almost grow young with years.

A telegram to one of the Lansing papers from Ann Arbor, anent the Obetz resignation, says it is looked upon by many there as the beginning of the end of the Homeopathic College on the university campus.

Dr. W. B. Kreider, of Goshen, Ind., was appointed special eye and ear examiner for the pension board, at Goshen, under the Harrison administration, and his appointment has been continued under the Cleveland regime.

Dr. B. F. Bailey, Lincoln, Neb., will accept thanks for reprints from the *Minneapolis Homeopathic Magazine* on "Eight Cases of Albuminuria in Pregnancy" and "Our Responsibility as Homeopathists and Physicians Toward Infants."

Dr. G. Schumann, of Delhi, N.Y., is another pension examiner appointed under the present administration. He received his appointment in June of this year and is secretary of the board, his colleagues thereon being old-school physicians.

Dr. Sollis Runnels, of Indianapolis, gives the names of Dr. Samuel Hornell, of Noblesville, and Dr. J. W. Smith, of Vevay, Ind., as members on pension-examining boards appointed during the Cleveland administration, both being Homeopathic physicians.

Gross & Delbridge have issued a neat catalogue of their recent and standard publications, of which they are publishers of several good ones. They are recognized as the Boericke & Tafel of the West when it comes to the publication of Homeopathic books.

Dr. J. M. Schley, New York, president of the New York State Society, was detained abroad this summer for several months by his boys having contracted typhoid fever while there. They had a long siege of it, but, fortunately, survived, and have been able to return home with their father and mother.

No matter how very kindly disposed toward Homeopathy Dr. Kiefer, the old-school regent of Michigan's great university, must be, it is foolish to insist that it is feasible and practicable to force the 400 old-school medical students at Ann Arbor to attend the lectures of the Homeopathic professors, in addition to the work they are already doing.

Boericke & Tafel have issued a fourth edition of "Hering's Condensed Materia Medica." It is said to be greatly improved over previous editions by the addition of valuable clinical data. We have not seen a copy, but know it will be welcomed as one of

the most reliable volumes of its kind ever issued from the Homeopathic press.

Dr. F. J. Newberry, Professor of Ophthalmology in the Homeopathic department of the University of Iowa, has recently returned from an extended review trip abroad.

Dr. D. A. Foote, of Omaha, says that while he does not like to disparage any of our many good journals, he does not see how he can get along without the Medical Century, as he considers it one of the very best Homeopathic periodicals published.

The new Homeopathic hospital at Rochester was formally opened by a society reception and ball on the evening of November 27th, which was pronounced by the local papers to be in every sense a brilliant and successful affair and a cheerful augury of the prosperity of the institution.

The issue of the Medical Century for January 1, 1895, will be devoted to the consideration of diphtheria. A number of well-known general practitioners over the country have been asked to contribute articles on this subject, and it is hoped that this issue may be as helpful as the special numbers on Summer Complaints, Typhoid Fever and Climatology have been.

Dr. J. T. Thatcher, Oregon, Mo., is another Homeopathic member of the U. S. pension examining service. He received his appointment on the 30th of June last, and is serving with two old school physicians, with whom he finds his relations to be exceedingly pleasant and satisfactory.

The editor of the Medical Century was confined to his room the first week of this month by an outbreak of ivy poisoning, so severe as to render him blind for two days and to otherwise sorely disfigure him. This manifestation is the result of a severe attack of poisoning of five years' ago, and was, perhaps, the most severe Dr. Fisher has suffered in recent years. He is now convalescent, and able to wield the editorial pen by proxy, his hands still being practically useless.

Dr. H. R. Arndt, San Diego, editor of *Arndt's System of Medicine*, is at work on a single volume on "Practice," to be about the size of "Osler's Practice," which will be issued by Boericke & Tafel, and will be ready soon. We have seen an advance chapter of this work and are happy to be able to say it is a book which will certainly meet with a large sale and fill a long-felt need in our literature.

Attracted by a note in the Medical Century calling attention to an adjustable buggy for physicians made in London, Dr. G. S. Schuricht, of St. Louis, informs us that his brother, Mr. J. E. W. Schuricht, has patented a transformable physicians' buggy possessing many points of merit. It is manufactured in St. Louis and is said to be a success as a transformable vehicle.

When you are in Chicago, Doctor, fail not to give the Medical Century office, suite 931 to 935, Marshall Field Annex, corner Washington Street and Wabash Avenue, a friendly call. This invitation applies equally to Chicago physicians when in the down-town district. The latch-string is always on the outside for every subscriber to this journal, and every other member of the profession as well.

Dr. G. Schumann, of Delhi, N. Y., writes that he cannot let this opportunity slip by without telling how greatly he appreciates the Medical Century, and, especially, the special numbers—climatological, typhoid, etc. He also indulges the hope that we will give our readers more of these special numbers, and just as good ones soon. It must be very gratifying to those members of the profession who contributed to the special numbers of this journal to know that their labors are appreciated by a grateful profession.

Dr. J. H. Mackay, of Madison, Neb., "stands in" with Governor-elect Populist Holcomb, of Nebraska, and will undoubtedly receive the recognition which he deserves by an appointment to the superintendency of the Insane Asylum at Norfolk, Neb., a very fine institution. Dr. Mackay is well fitted for this position, and although it was rather hard this year to swallow a free-silver Democrat he received the endorsement of the Missouri Valley Homeopathic Medical Association, recently organized at Omaha, Neb., and his appointment is assured.

The Wilcox Private Hospital, at Buffalo, N. Y., is now known as the Lexington Heights Hospital, and is reported to be in an exceedingly prosperous condition. The Century acknowledges receipt of a very handsome illustrated circular-announcement of the institution, and is able to say that this is one of those private hospitals of which Homeopathy is justly proud. Dr. DeWitt G. Wilcox is surgeon-in-chief of the institution, and its general medical and surgical staffs embrace the names of nearly all of the prominent Homeopathic physicians in Buffalo and vicinity.

Dr. Charles S. Jones died of typhoid fever, at his residence, 170 Oakwood Boulevard, Chicago, November 17th, aged thirty-eight. The doctor was graduated from the Hahnemann Medical College of this city in the class of '90. He had never engaged actively in the practice of medicine, but devoted much of his time to the relief of the poor, helping them in whatever way they most needed assistance. He was much interested in city missionary work and by his apparently untimely death many poor and needy people of this city have lost a sincere friend and helper. He leaves a wife and three children to mourn his loss.

From Dr. T. L. Macdonald, Washington, it is learned that the National Homeopathic Medical College is again running in that city, having "broken out in a new place." The injunction of the Washington District Society against the so-called Hahnemann Homeopathic University has been made to apply to this alleged college as well. No reasonable effort on the part of the Washington Homeopathic Association to squelch this fraudulent institution will be spared, but as the District laws are very lax it is difficult to predict what will be the outcome of the injunction.

Messrs. Halsey Bros. Company, Chicago, have just issued an exceedingly neat and helpful volume on Materia Medica, under the authorship of Dr. William H. Burt, of this city, titled, "Characteristic Materia Medica Memorizer." It is built somewhat after the fashion of Dr. Burt's original "Characteristic Materia Medica," which met with an excellent reception at the hands of the profession some years ago. The present volume is a neat octavo of 388 pages, printed in large type and well bound, and will be found to be a helpful epitome. The work is dedicated to the late Dr. J. P. Dake.

The "Bee-Line Repertory," by Stacy Jones, M. D., is a handy little aid to immediate correct proscribing. It is a pocket memoranda of two hundred pages, is bound in flexible morocco, and otherwise gotten up in Boericke & Tafel's very best style. It considers special symptoms and conditions as amelioarations, aggravations, horology, etc., and will be found to be a most handy bedside and office reference-repertory.

A new edition of Sharp's Tracts, the fourteenth thousand, has just been issued by Boericke & Tafel, Philadelphia. These tracts are so well known as not to need special mention. They present so much that is simply unanswerable that to read is to be convinced. As an argument supply-magazine they are unexcelled, and the beginner, especially, will find it easy to post himself with good Homeopathic talk by studying them. The volume is a most excellent one to hand to intelligent people whom one would like to aquaint with the truths of Homeopathy. It is the best one dollar investment that can be made in its line.

"Hempel's Science of Homeopathy" is a worthy handmaid to Hahnemann's Organon and Dunham's Science of Therapeutics, one of the books to study to fortify one's self in the philosophy of Similia, and a clear, comprehensive and easily readable exposition of the truths of Homeopathy. Hempel was an American Hartman or Dudgeon, and for half a century led the Homeopathic hosts throughout the great West. He was as well acquainted with the needs of the medical profession and people in connection with the study of Homeopathy as any living man, and the treatise named was written to meet that need. It has served so excellent a purpose that a third edition has just been issued by Boericke & Tafel, Philadelphia, in their usual excellent style of binding and typography. It is a book worthy of repeated reading and careful study.

The New York *Medical Record* issued as a supplement to its weekly number bearing date of October 27 a half-tone plate of the bronze statue erected to the memory of the late Dr. J. Marion Sims in Bryant Park, New York. From the plate it shows to be a very handsome statue. Now let the Homeopathic profession but give the MEDICAL CENTURY an opportunity to give them a half-tone plate of the statue to Hahnemann at Washington, and it will do so with the greatest amount of pleasure. Sims was a great man and a great philanthropist, and richly deserves the honor his fellows would thus bestow upon him. But Hahnemann was a greater man and a greater philanthropist, and even more than Sims richly deserves the honor his profession would bestow upon him. Let us see that this honor is rendered, and without unnecessary delay.

The Alabama Homeopathic Medical Association held its annual session in connection with the recent meeting of the Southern Homeopathic Medical Association, at the Southern Hotel, in Chattanooga, on November 15th. After the transaction of routine business the election of officers took place, resulting as follows: President, A. M. Duffield, M. D., Huntsville; Vice-President, Geo. G. Lyon, M. D., Mobile; Corresponding Secretary, A. M. Ballard, M. D., Birmingham; Recording Secretary, A. E. Meadows, M. D., Blockton; Treasurer, W. W. Clapp, M. D., Birmingham; Legislative Committee, Drs. A. P. Duffield, A. M. Ballard and J. H. Henry. The next meeting of this society will be held in conjunction with the Tennessee Homeopathic Medical Association, at Huntsville, on the 14th and 15th of May, 1895.

Dr. Harvey Dale, of Oshkosh, Wis., is one of those subscribers who knows something of the medical editor's troubles and is quite willing to put up with rejections of manuscript when it seems to be necessary. In a recent communication, he says: "I have no doubt whatever that the editor's life, like the policeman's, is not a happy one. Much useless material is doubtless thrown at him, but he must stand like a stone wall between it and his readers. This you evidently fearlessly do, and this is what makes the CENTURY so readable—there is no trash in it." We wish that all of our contributors were so even tempered. Not that the MEDICAL CENTURY has to return many manuscripts, but occasionally one is too long or inappropriate in some particular or personally offensive to somebody and it becomes absolutely necessary to reject a contribution occasionally. If everybody would be as considerate as Dr. Dale the life of the editor of this journal would be a more happy one than it is at present.

The first annual announcement of the Metropolitan Post-Graduate School of Medicine, Homeopathic, New York, has been received. Dr. Timothy Field Allen is president of the new school, and it is otherwise excellently manned. Its crops of professors embraces nearly all of the well-known men of the profession of New York, representatives of all the Homeopathic institutions of that city, and, if we may judge from the announcement, the new candidate starts off on a broad-gauge plan and is sure to succeed in supplying a real need in our profession. The faculty is not made up of a corps of unknown men in the profession, beginners, as it were, in clinical work, exclusively, but comprises the best names in its ranks. Helmuth, Sr., and Jr., Wilcox, Bishop, Ostrom, Cornell, Roberts and Nonan make up the surgical staff. Allen, McMichael, Dewey, Deschere, St. Clair Smith, Dillingham and Shelton make up the corps in materia medica and therapeutics. Schley, Dowling and Williams man the department of physical diagnosis. Deady, Norton, Houghton, Boynton and Boyle cover the ophthalmological and otological fields, with competent assistants, as are down in all the departments. Danforth, Winterburne, Dearborn, Porter, Harvey King, O'Connor, Leal, Carleton and other names famillar in Homeopathy in the East are placed in their respective departments, and the Metropolitan shows every evidence of meaning business from the very start. Dr. McMichael is dean and Dr. Deady secretary of the faculty. The winter course runs from November to June. There will be a summer course, chiefly under charge of the instructors and clinical assistants of the school, at which half-fees will be charged.

We congratulate Homeopathy upon the inauguration of this most excellent venture, and are glad that it is no longer necessary for our students to attend the old-school post-graduate schools of New York to receive instruction in special lines of work. The Metropolitan furnishes all that is required in the way of promises, and from the character of the men at the helm we are led to believe this school will redound to the credit of Homeopathy. It is surely a move in the right direction.

One of the very best letters ever received at this

office is that from a venerable friend in Massachusetts, a man without guile, who likes the MEDICAL CENTURY, and does not hesitate to say so. Under date of October 10th he writes as follows:

"I take this opportunity (the renewal of my subscription to the MEDICAL CENTURY), to express my continued gratification at the able manner in which you are conducting the journal. I have 'laid the flattering unction to my soul' that it might be gratifying to you to know that one of the old men appreciates your efforts in the cause of Homeopathy. I can only say: 'Go on, my brother, and may the blessings of heaven attend you.' I have read the last number with a great deal of pleasure. What would I not have given in my younger days for such articles upon the treatment of typhoid fever?

"As far as I can judge, there are not so many cases of typhoid in this locality as there were forty-five years ago. Certain it is they are not so severe, nor so fatal under any treatment. Is this because of a change in the disease, or because our Allopathic friends have learned to let it alone? I can not answer the question.

"Now, my dear doctor, do not publish this note, but take it as intended—a few cheering words from an old man to a young man."

This letter was so encouraging, so much in evidence that efforts which have been put forth in certain quarters to sever the affection existing between the editor of this journal and the old men of the profession, those grand old men whose gray hairs and bending forms are to him synonyms for honor and integrity, have been in vain, that permission was at once asked that the same might be given publicity. To this request the following answer was received:

"Your note of the 15th is at hand. I have a chronic aversion to seeing my name in print. It savors so much of self-conceit. That which I wrote you came from the heart, and I am much gratified to know that it has been received in the same spirit, and that it has been an encouragement to you. My personal influence is so slight that I think it would not weigh a particle to publish it; but if you choose to publish it as coming from one of the old seniors of the American Institute, you have my permission; but please do not publish my name. Not that I am ashamed of the sentiments of the letter, for if I could increase them ten-fold I should only be doing you justice, but from the aversion of which I have spoken I would rather my name would not appear."

To the good "Senior" who penned the lines quoted our most heartfelt thanks are again returned. May a long lease of life yet be his to enjoy and to devote to the cause in which he has been engaged for more than a generation and a half, and may the kindly sentiments he has voiced as a Senior in the American Institute of Homeopathy find ready lodgment in the hearts of scores of his venerable colleagues and fellows.

"The Practice of Medicine" is the title of a magnificent volume just received, it being Volume I. of Prof. W. C. Goodno's long-looked-for treatise on practice. It is a splendid volume. Homeopathy has, at last, just such a work as she has been needing for these many years—a comprehensive, scientific, accurate treatise in this department, thus saving us the necessity of further purchases of Osler, Pepper, Bartholow, Whittaker and other old-school works. Prof. Goodno is professor of the practice of medicine in Hahnemann Medical College, Philadelphia. He is a careful student of the late literature and a successful and scientific practitioner, having charge of the department of practice in Hahnemann Hospital, Philadelphia. This work, of 961 pages, is as complete, as accurate, as scientific as any old-school work in our library in the departments of etiology, history, pathology, symptomatology, diagnosis, etc., and it is broad and comprehensive in its general management of bedside work. But, unfortunately, it is very short in the line of therapeutics, just where it should be strongest. Here Prof. Goodno has purposely avoided the dictionary recital of symptoms common to our earlier works on practice, running in in a recitative way his views on the application of remedies in the treatment of the different diseases considered. We like the plan, but it is not as fully elaborated upon as it should be. Rather too much credit for learning is passed up to the average reader. Prof. Goodno may know how himself, and he takes it for-granted that others of us know also. This is a mistake, and one which future editions of the work should not show. Perhaps the deficiency is not over serious. He sticks to the text very closely, and that which is presented in the line of treatment is fairly clearly set forth and satisfactory. The work is much like Baehr's "Therapeutics" in this respect, very like it, indeed. And who possesses that book but that has found it very helpful? Goodno is more thorough in his general consideration of disease, more thorough in his outlining of the course of each individual disease considered by him, and he has gone more extensively into treatment than did Baehr. He seems to have followed the general plan of Bartholow, old school, and has given to us a book as valuable as Bartholow is to the other side, and this is saying much. It is far superior to Hale's new Practice, as a scientific and thorough-going treatise on practice, and is not marred by the crudity and eclecticism of the latter. It is a later and somewhat briefer treatise than "Arndt's System of Practice," consisting of two volumes, as against three of the latter, and the chapters lack the essay-like character of that work. On the whole it is a very valuable addition to the Homeopathic library. No one can make a mistake in buying it. Without desiring to indulge in invidious comparisons we freely pronounce it among the best of recent works on practice given our school. And as a treatise on the history, etiology, pathology and general course and general management of disease it has few, if any, superiors in the old school. Prof. Goodno has been aided in his work by Prof. Charles E. Bartlett, who has contributed several excellent chapters on nervous diseases, and to whom a fair share of praise is due. Prof. Bartlett, too, has fallen quite short in the matter of Homeopathic treatment, trusting too much to the knowledge of the profession. A proper thoroughness and perspicuity in this line would make this book without a peer in Homeopathic literature; but as it is it will not supplant Arndt, Raue, or Lillienthal, though it is welcomed as filling a niche not supplied by those works, and, as an addition to our literature altogether too valuable to be lost to us. It should receive a wide circulation, and is one of the books that should be in every Homeopathic physician's library. The typography and binding are most excellent, in fact, cannot be excelled. On the whole the book is a really meritorious one and the sincere thanks of the profession will surely be the author's as his work becomes known and used.